| Procedure Code | Procedure Code Description                              | Rate     |
|----------------|---|----------|
| 200            | MYRINGOTOMY   | \$0.00   |
|                | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO       |          |
| 20000          | OSTEOMYELITIS); SUPERFICIAL                             | \$25.20  |
|                | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO       |          |
| 20005          | OSTEOMYELITIS); DEEP OR COMPLICATED                     | \$107.33 |
| 2001           | MYRINGOTOMY WITH INSERTION OF TUBE                      | \$0.00   |
| 2009           | OTHER MYRINGOTOMY                                       | \$0.00   |
| 201            | REMOVAL OF TYMPANOSTOMY TUBE                            | \$0.00   |
|                | EXPLORATION OF PENETRATING WOUND (SEPARATE              |          |
| 20100          | PROCEDURE); NECK  | \$322.60 |
|                | EXPLORATION OF PENETRATING WOUND (SEPARATE              |          |
| 20101          | PROCEDURE); CHEST                                       | \$101.96 |
|                | EXPLORATION OF PENETRATING WOUND (SEPARATE              |          |
| 20102          | PROCEDURE); ABDOMEN/FLANK/BACK                          | \$124.87 |
|                | EXPLORATION OF PENETRATING WOUND (SEPARATE              |          |
| 20103          | PROCEDURE); EXTREMITY                                   | \$168.01 |
|                | EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT             |          |
|                | AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH           |          |
| 20150          | SAME FASCIAL INCISIO                                    | \$566.16 |
| 202            | INCISION OF MASTOID AND MIDDLE EAR                      | \$0.00   |
| 20200          | BIOPSY, MUSCLE; SUPERFICIAL                             | \$50.40  |
| 20205          | BIOPSY, MUSCLE; DEEP                                    | \$50.40  |
| 20206          | BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE                     | \$43.34  |
| 2021           | INCISION OF MASTOID                                     | \$0.00   |
| 2022           | INCISION OF PETROUS PYRAMID AIR CELLS                   | \$0.00   |
|                | BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, | -        |
| 20220          | STERNUM, SPINOUS PROCESS, RIBS)                         | \$50.40  |
|                | BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL         |          |
| 20225          | BODY, FEMUR)  | \$33.60  |
| 2023           | INCISION OF MIDDLE EAR                                  | \$0.00   |
|                | BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM,       |          |
|                | STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF           |          |
| 20240          | FEMUR)  | \$50.40  |
|                |   |          |
| 20245          | BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)  | \$84.00  |
| 20250          | BIOPSY, VERTEBRAL BODY, OPEN; THORACIC                  | \$151.20 |
| 20251          | BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL        | \$176.40 |
| 203            | DIAGNOSTIC PROCEDURES ON MIDDLE AND INNER EAR           | \$0.00   |
| 2031           | ELECTROCOCHLEOGRAPHY                                    | \$0.00   |
| 2032           | BIOPSY OF MIDDLE AND INNER EAR                          | \$0.00   |
|                | OTHER DIAGNOSTIC PROCEDURES ON MIDDLE AND INNER         |          |
| 2039           | EAR   | \$0.00   |
| 204            | MASTOIDECTOMY   | \$0.00   |
| 2041           | SIMPLE MASTOIDECTOMY                                    | \$0.00   |
| 2042           | RADICAL MASTOIDECTOMY                                   | \$0.00   |
| 2049           | OTHER MASTOIDECTOMY                                     | \$0.00   |
| 205            | OTHER EXCISION OF MIDDLE EAR                            | \$0.00   |
|                | INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE         |          |
| 20500          | PROCEDURE)  | \$25.20  |
| 20501          | INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)         | \$22.70  |
| 2051           | EXCISION OF LESION OF MIDDLE EAR                        | \$0.00   |

| Procedure Code | Procedure Code Description  | Rate            |
|----------------|---|-----------------|
|                | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON                       |                 |
| 20520          | SHEATH; SIMPLE  | \$50.40         |
|                | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON                       |                 |
| 20525          | SHEATH; DEEP OR COMPLICATED                                       | \$100.80        |
|                | INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC;                     |                 |
| 20526          | CORTICOSTEROID), CARPAL TUNNEL                                    | \$35.09         |
|                | INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR             |                 |
| 20550          | GANGLION CYST   | \$25.20         |
| 20551          | INJECTION; TENDON ORIGIN/ INSERTION                               | \$35.09         |
|                | INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR            |                 |
| 20552          | TWO MUSCLE GROUP(S)   | \$35.09         |
|                | INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE             |                 |
| 20553          | OR MORE MUSCLE GROUPS   | \$35.09         |
|                | PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE                     |                 |
| 20555          | AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL                    | \$177.71        |
| 2059           | OTHER   | \$0.00          |
| 206            | FENESTRATION OF INNER EAR   | \$0.00          |
|                | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL                |                 |
| 20600          | JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)                 | \$25.18         |
|                | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;                      |                 |
|                | INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG,                   |                 |
| 20605          | TEMPOROMANDIBULAR   | \$25.18         |
| 2061           | FENESTRATION OF INNER EAR (INITIAL)                               | \$0.00          |
|                | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR                |                 |
|                | JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT,                    |                 |
| 20610          | SUBACROMIAL   | \$25.20         |
|                | ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY               |                 |
| 20612          | LOCATION  | \$31.58         |
|                |   |                 |
| 20615          | ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST               | \$25.20         |
| 2062           | REVISION OF FENESTRATION OF INNER EAR                             | \$0.00          |
|                |   |                 |
|                | INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL             |                 |
| 20650          | TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)                  | \$42.00         |
|                | APPLICATION OF CRANIAL TONGS, CALIPER, OR                         |                 |
|                | STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE                   |                 |
| 20660          | PROCEDURE)  | \$42.00         |
| 20661          | APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL                   | \$126.00        |
| 20662          | APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC                    | \$100.80        |
| 20663          | APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL                   | \$100.80        |
|                | APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR             |                 |
| 00004          | MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG,                   | <u> </u>        |
| 20664          | PEDIATR   | \$258.62        |
| 00005          | REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER                       | <b>#00.00</b>   |
| 20665          | PHYSICIAN  DEMOVAL OF IMPLANT, SUPERFICIAL (FC. BURIER MURE. DIN. | \$38.60         |
| 00070          | REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN            | Φ00.00          |
| 20670          | OR ROD) (SEPARATE PROCEDURE)                                      | \$80.00         |
| 20000          | REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,            | <b>#100.00</b>  |
| 20680          | METAL BAND, NAIL, ROD OR PLATE)                                   | \$160.00        |
| 00000          | APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE),           | <b>#</b> 100.00 |
| 20690          | UNILATERAL, EXTERNAL FIXATION SYSTEM                              | \$100.80        |

| Procedure Code | Procedure Code Description  | Rate   |
|----------------|---|--|
|                | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE                                |  |
|                | THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM                             |  |
| 20692          | (EG,  | \$100.80                                     |
|                | ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM                                | <b>*</b> * * * * * * * * * * * * * * * * * * |
|                | REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR                            |  |
| 20693          | NEW   | \$100.80                                     |
| 20000          | REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION                                   | ψ.σσ.σσ                                      |
| 20694          | SYSTEM  | \$120.00                                     |
| 20001          | APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN                             | Ψ.20.00                                      |
| 20696          | ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH                                    | \$580.81                                     |
| 20000          | APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN                             | φοσοίο:                                      |
| 20697          | ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH                                    | \$682.98                                     |
| 207            | INCISION, EXCISION, AND DESTRUCTION OF INNER EAR                                  | \$0.00                                       |
| 2071           | ENDOLYMPHATIC SHUNT   | \$0.00                                       |
| 2072           | INJECTION INTO INNER EAR  | \$0.00                                       |
|                | OTHER INCISION, EXCISION, AND DESTRUCTION OF INNER                                | φοισσ  |
| 2079           | EAR   | \$0.00                                       |
| 208            | OPERATIONS ON EUSTACHIAN TUBE   | \$0.00                                       |
|                | G1 21 11 (11 G1 G1 G1 2 G G1 A G1 II) 11 (1 G G1 | ψ0.00  |
|                | REPLANTATION, ARM (INCLUDES SURGICAL NECK OF                                      |  |
| 20802          | HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION                                 | \$1,505.00                                   |
| 20002          | REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO                                | ψ1,000.00                                    |
| 20805          | RADIAL CARPAL JOINT); COMPLETE AMPUTATION   | \$1,505.00                                   |
| 20000          | TINDINE ON II NE COILVI), COM EETE NICH CINTICIV                                  | ψ1,505.00                                    |
|                | REPLANTATION, HAND (INCLUDES HAND THROUGH   |  |
| 20808          | METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION                                  | \$1,505.00                                   |
| 20000          | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES                                    | ψ1,000.00                                    |
|                | METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR                                  |  |
| 20816          | SUBLIMIS TENDO  | \$743.82                                     |
| 20010          | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL                             | ψ7 10.02                                     |
|                | TIP TO SUBLIMIS TENDON INSERTION); COMPLETE                                       |  |
| 20822          | AMPUTATION  | \$1,068.12                                   |
| 20022          | REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL                                     | Ψ1,000.12                                    |
| 20824          | JOINT TO MP JOINT); COMPLETE AMPUTATION   | \$1,292.06                                   |
| 20021          | REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT);                            | Ψ1,202.00                                    |
| 20827          | COMPLETE AMPUTATION   | \$1,098.25                                   |
| 20838          | REPLANTATION, FOOT; COMPLETE AMPUTATION   | \$1,505.00                                   |
| 209            | OTHER OPERATIONS ON INNER AND MIDDLE EAR  | \$0.00                                       |
|                | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG,                                   | +0.00  |
| 20900          | DOWEL OR BUTTON)  | \$58.80                                      |
| 20902          | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE  | \$226.80                                     |
| 2091           | TYMPANOSYMPATHECTOMY  | \$0.00                                       |
| 20910          | CARTILAGE GRAFT; COSTOCHONDRAL  | \$58.80                                      |
| 20912          | CARTILAGE GRAFT; NASAL SEPTUM   | \$58.80                                      |
| 2092           | REVISION OF MASTOIDECTOMY   | \$0.00                                       |
| 20920          | FASCIA LATA GRAFT; BY STRIPPER  | \$194.22                                     |
|                | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE,                                 | <del>+</del>                                 |
| 20922          | COMPLEX OR SHEET  | \$226.80                                     |
|                | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE                                  | <del>+</del>                                 |
| 20924          | EXTENSOR, PLANTARIS)  | \$226.80                                     |
| 20926          | TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)                                 | \$168.00                                     |
|                |   | Ţ : UU.UU                                    |

| Procedure Code | Procedure Code Description   | Rate                                    |
|----------------|--|---|
| 2093           | REPAIR OF OVAL AND ROUND WINDOWS   | \$0.00                                  |
| 20931          | ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL   | \$78.84                                 |
|                | AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED   |   |
| 20937          | (THROUGH SEPARATE SKIN OR FASCIAL INCISION)  | \$121.57                                |
|                | AUTOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL,  |   |
| 20938          | BICORTICAL OR TRICORTICAL  | \$131.48                                |
| 2094           | INJECTION OF TYMPANUM  | \$0.00                                  |
| 2095           | IMPLANTATION OF ELECTROMAGNETIC HEARING DEVICE   | \$0.00                                  |
|                | MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES  |   |
|                | INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE,  |   |
| 20950          | NEEDLE M   | \$25.20                                 |
|                |  |   |
| 20955          | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA  | \$1,505.00                              |
|                | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC   |   |
| 20956          | CREST  | \$1,427.46                              |
|                | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS;   |   |
| 20957          | METATARSAL   | \$1,478.86                              |
|                | IMPLANTATION OR REPLACEMENT OF COCHLEAR  | . ,                                     |
| 2096           | PROSTHETIC DEVICE, NOT OTHERWISE SPECIFIED   | \$0.00                                  |
|                | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER   | ·                                       |
| 20962          | THAN FIBULA, ILIAC CREST, OR METATARSAL  | \$0.00                                  |
|                | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR  | , , , , , , , , , , , , , , , , , , ,   |
|                | ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR  |   |
| 20969          | GRE  | \$1,505.00                              |
|                | IMPLANTATION OR REPLACEMENT OF COCHLEAR  | ψ.,σσσ.σσ                               |
| 2097           | PROSTHETIC DEVICE, SINGLE CHANNEL  | \$0.00                                  |
|                | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR  | 70.00                                   |
| 20970          | ANASTOMOSIS; ILIAC CREST   | \$1,505.00                              |
|                | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR  | <b>+</b> 1,000100                       |
| 20972          | ANASTOMOSIS; METATARSAL  | \$1,505.00                              |
|                | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR  | <b>+</b> 1,000100                       |
| 20973          | ANASTOMOSIS; GREAT TOE WITH WEB SPACE  | \$1,505.00                              |
|                | ELECTRICAL STIMULATION TO AID BONE HEALING;  | ψ.,σσσ.σσ                               |
| 20974          | NONINVASIVE (NONOPERATIVE)   | \$93.91                                 |
|                | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE   | φσσισ :                                 |
| 20975          | (OPERATIVE)  | \$118.73                                |
|                | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE   | *************************************** |
| 20979          | HEALING, NONINVASIVE (NONOPERATIVE)  | \$8.88                                  |
|                | IMPLANTATION OR REPLACEMENT OF COCHLEAR  | ψο.σο                                   |
| 2098           | PROSTHETIC DEVICE, MULTIPLE CHANNEL  | \$0.00                                  |
|                | ABLATION, BONE TUMOR RADIOFREQUENCY,   | φοισσ                                   |
|                | PRECUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC   |   |
| 20982          | GUIDANCE   | \$2,357.09                              |
| 20002          | GOIDANGE   | ΨΣ,007.00                               |
|                | COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE  |   |
| 20985          | FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS   | \$81.94                                 |
| 2099           | OTHER OPERATIONS ON MIDDLE AND INNER EAR   | \$0.00                                  |
| 2000           | UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM,  | ψυ.υυ                                   |
| 20999          | GENERAL  | \$0.00                                  |
| 2100           | CONTROL OF EPISTAXIS, NOT OTHERWISE SPECIFIED  | \$0.00                                  |
| 2101           | CONTROL OF EPISTAXIS, NOT OTHERWISE SI EGITIED  CONTROL OF EPISTAXIS BY ANTERIOR NASAL PACKING | \$0.00                                  |
| 2101           | OUNTROL OF LEIGHANG DE AINTERIOR INAGAL FAURING  | φυ.υυ                                   |

| Procedure Code | Procedure Code Description                                   | Rate     |
|----------------|--|----------|
| 21010          | ARTHROTOMY, TEMPOROMANDIBULAR JOINT                          | \$126.00 |
|                | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),         |          |
| 21015          | SOFT TISSUE OF FACE OR SCALP                                 | \$210.00 |
|                | CONTROL OF EPISTAXIS BY POSTERIOR (AND ANTERIOR)             |          |
| 2102           | PACKING  | \$0.00   |
|                | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE              |          |
| 21025          | ABSCESS); MANDIBLE   | \$201.03 |
|                | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE              |          |
| 21026          | ABSCESS); FACIAL BONE(S)                                     | \$166.98 |
|                | REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL              |          |
| 21029          | BONE (EG, FIBROUS DYSPLASIA)                                 | \$168.00 |
|                |  |          |
| 2103           | CONTROL OF EPISTAXIS BY CAUTERIZATION (AND PACKING)          | \$0.00   |
| 04000          | EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE              | <b></b>  |
| 21030          | OTHER THAN MANDIBLE  | \$142.80 |
| 21031          | EXCISION OF TORUS MANDIBULARIS                               | \$125.28 |
| 21032          | EXCISION OF MAXILLARY TORUS PALATINUS                        | \$142.80 |
| 01004          | EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER             | ФООБ СО  |
| 21034          | THAN MANDIBLE  CONTROL OF EPISTAXIS BY LIGATION OF ETHMOIDAL | \$285.60 |
| 2104           | ARTERIES   | ው        |
| 2104           | ANTENIES   | \$0.00   |
| 21040          | EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE         | \$104.85 |
| 21044          | EXCISION OF MALIGNANT TUMOR OF MANDIBLE;                     | \$252.00 |
|                | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL             | Ψ=σ=:σσ  |
| 21045          | RESECTION  | \$252.00 |
|                | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE;                | ·        |
|                | REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY                  |          |
| 21046          | AGRESSIVE O  | \$504.24 |
|                | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE;                |          |
|                | REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL                   |          |
| 21047          | MANDIBULECTOMY (EG LC  | \$622.30 |
|                | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA;                 |          |
|                | REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY                  |          |
| 21048          | AGRESSIVE OR DESTRUCT  | \$518.89 |
|                | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA;                 |          |
|                | REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL                   |          |
| 21049          | MAXILLECTOMY (EG, LOCA                                       | \$589.48 |
| 0/5-           | CONTROL OF EPISTAXIS BY (TRANSANTRAL) LIGATION OF THE        |          |
| 2105           | MAXILLARY ARTERY   | \$0.00   |
| 04050          | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE              | 4070.00  |
| 21050          | PROCEDURE)   | \$378.00 |
| 2106           | CONTROL OF EPISTAXIS BY LIGATION OF THE EXTERNAL             | <u></u>  |
| 2106           | CAROTID ARTERY MENISCECTOMY, PARTIAL OR COMPLETE,            | \$0.00   |
| 21060          | TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)                 | \$279 AA |
| 21000          | I LIVII OHOIVIAINDIDOLAN JOINH (SEPANATE PNOCEDURE)          | \$378.00 |
|                | CONTROL OF EPISTAXIS BY EXCISION OF NASAL MUCOSA AND         |          |
| 2107           | SKIN GRAFTING OF SEPTUM AND LATERAL NASAL WALL               | \$0.00   |
| 21070          | CORONOIDECTOMY (SEPARATE PROCEDURE)                          | \$320.13 |
| 2.070          | CONTROLLO COM (CEL MINIE I NOCEDONE)                         | ψυ-υ.10  |

| Procedure Code | Procedure Code Description                           | Rate       |
|----------------|--|------------|
|                | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ),    |            |
| 21073          | THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE         | \$191.13   |
|                | IMPRESSION AND CUSTOM PREPARATION; SURGICAL          |            |
| 21076          | OBTURATOR PROSTHESIS                                 | \$632.82   |
|                | IMPRESSION AND CUSTOM PREPARATION; SURGICAL          |            |
| 21077          | OBTURATOR PROSTHESIS                                 | \$1,591.55 |
|                | IMPRESSION AND CUSTOM PREPARATION; INTERIM           |            |
| 21079          | OBTURATOR PROSTHESIS                                 | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE        |            |
| 21080          | OBTURATOR PROSTHESIS                                 | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR        |            |
| 21081          | RESECTION PROSTHESIS                                 | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; PALATAL           |            |
| 21082          | AUGMENTATION PROSTHESIS                              | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT      |            |
| 21083          | PROSTHESIS   | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID        |            |
| 21084          | PROSTHESIS   | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL     |            |
| 21085          | SPLINT   | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; AURICULAR         |            |
| 21086          | PROSTHESIS   | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; NASAL             |            |
| 21087          | PROSTHESIS   | \$0.00     |
|                | IMPRESSION AND CUSTOM PREPARATION; FACIAL            |            |
| 21088          | PROSTHESIS   | \$0.00     |
| 21089          | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE          | \$0.00     |
| 2109           | CONTROL OF EPISTAXIS BY OTHER MEANS                  | \$0.00     |
| 211            | INCISION OF NOSE                                     | \$0.00     |
|                |  |            |
|                | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL |            |
| 21100          | FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)      | \$100.80   |
|                | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR       |            |
|                | CONDITIONS OTHER THAN FRACTURE OR DISLOCATION,       |            |
| 21110          | INCLUDES REMOVAL                                     | \$227.45   |
|                | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT      |            |
| 21116          | ARTHROGRAPHY   | \$25.20    |
|                | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT,     |            |
| 21120          | PROSTHETIC MATERIAL)                                 | \$141.60   |
| 21121          | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE         | \$285.60   |
|                | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE        |            |
|                | OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE        |            |
| 21122          | REVERSAL FOR ASYMM                                   | \$318.06   |
|                | GENIOPLASTY; SLIDING, AUGMENTATION WITH              |            |
|                | INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING      | l          |
| 21123          | AUTOGRAFTS)  | \$404.40   |
|                | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC   | l          |
| 21125          | MATERIAL   | \$159.60   |
|                | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE    |            |
|                | GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING  | l .        |
| 21127          | AUTOGRAF   | \$277.20   |

| Procedure Code | Procedure Code Description   | Rate             |
|----------------|--|------------------|
| 21137          | REDUCTION FOREHEAD; CONTOURING ONLY  | \$243.60         |
|                | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF  |                  |
|                | PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES  |                  |
| 21138          | OBTAINING AUTOGR   | \$319.20         |
|                | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF  |                  |
| 21139          | ANTERIOR FRONTAL SINUS WALL  | \$336.00         |
|                | RECONTRUCTION MIDFACE, LEFORT I; SINGLE PIECE,   |                  |
|                | SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE  |                  |
| 21141          | GRAFT  | \$679.88         |
|                |  |                  |
|                | RECONTRUCTION MIDFACE, LEFORTI; TWO PIECES, SEGMENT  |                  |
| 21142          | MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT  | \$705.06         |
|                | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE  |                  |
|                | PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT   |                  |
| 21143          | BONE GRAFT   | \$732.93         |
|                | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE,  |                  |
|                | SEGMENTMOVEMENT IN ANY DIRECTION, REQUIRING BONE   |                  |
| 21145          | GRAFTS   | \$722.19         |
|                | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES,  |                  |
|                | SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE  |                  |
| 21146          | GRAFTS   | \$757.90         |
|                | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE  |                  |
|                | PIECES,SEGMENT MOVEMENT IN ANY DIRECTIONS,   |                  |
| 21147          | REQUIRING BONE GRAF  | \$786.38         |
|                | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR  |                  |
| 21150          | INTRUSION (EG, TREACHER-COLLINS SYNDROME)  | \$45.04          |
|                | RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION,  |                  |
| 04454          | REQUIRING BONE GRAFTS (INCLUDES OBTAINING  | <b>4.50.00</b>   |
| 21151          | AUTOGRAFTS)  | \$150.00         |
|                | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL),   |                  |
| 01154          | ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING  | ф4 <b>7</b> 0.00 |
| 21154          | AUTOGRA  | \$173.90         |
|                | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING |                  |
| 01155          | ·  | ФООО О.4         |
| 21155          | AUTOGRA  | \$228.24         |
|                | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO        |                  |
| 21150          | ,  | ¢610 E1          |
| 21159          | BLOC), REQUIRI RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND   | \$619.51         |
|                | INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO  |                  |
| 21160          | BLOC), REQUIRI   | ¢611.00          |
| 21100          | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND  | \$611.00         |
|                | LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH  |                  |
| 21172          | OR WITHOUT GRA   | \$219.13         |
| 21112          | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL  | ΨΔ13.13          |
|                | RIMS AND LOWER FOREHEAD, ADVANCEMENT OR  |                  |
| 21175          | ALTERATION (EG, PL   | \$296.13         |
| 21175          | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD   | Ψ230.13          |
|                | AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR  |                  |
| 21179          | PROSTHETIC   | \$155.10         |
| 21175          | THOMENO  | ψ100.10          |

| Procedure Code | Procedure Code Description   | Rate             |
|----------------|--|------------------|
|                | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD   |                  |
|                | AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES                                       |                  |
| 21180          | OBTAINING GR   | \$193.60         |
|                | DECONOTRUCTION BY CONTOURING OF BENION TUMOR OF  |                  |
| 04404          | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF  | <b>0.1.10.10</b> |
| 21181          | CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL                                      | \$142.40         |
|                | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD,   |                  |
| 01100          | NASOETHMOID COMPLEX FOLLOWING INTRA AND  | Φ4.00.00         |
| 21182          | EXTRACRANIAL EXCISION  | \$180.02         |
|                | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND |                  |
| 21183          | EXTRACRANIAL EXCISION  | ΦΕ40 OO          |
| 21103          | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD,   | \$543.20         |
|                | NASOETHMOID COMPLEX FOLLOWING INTRA AND  |                  |
| 21184          | EXTRACRANIAL EXCISION  | ΦΕ40 OO          |
| 21104          | RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN  | \$543.20         |
|                | LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING   |                  |
| 21188          | AUTOGRAFTS)  | \$504.00         |
| 21100          | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL.   | φ304.00          |
| 21193          | VERTICAL"C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT  | \$628.49         |
| 21193          | RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL.  | φ020.49          |
|                | VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT   |                  |
| 21194          | (INCLUDES  | \$728.18         |
| 21194          | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY,   | φ/20.10          |
| 21195          | SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION  | \$629.93         |
| 21100          | RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT;                                      | ψ029.90          |
| 21196          | WITH INTERNAL RIGID FIXATION   | \$694.54         |
| 21198          | OSTEOTOMY, MANDIBLE, SEGMENTAL   | \$624.77         |
| 21100          | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS  | ΨΟΣ 1.77         |
| 21199          | ADVANCEMENT  | \$568.22         |
| 212            | DIAGNOSTIC PROCEDURES ON NOSE  | \$0.00           |
|                | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR   | ψο.σσ            |
| 21206          | SCHUCHARD)   | \$517.44         |
|                | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT,                                      | T -              |
| 21208          | ALLOGRAFT, OR PROSTHETIC IMPLANT)  | \$458.41         |
| 21209          | OSTEOPLASTY, FACIAL BONES; REDUCTION   | \$336.00         |
| 2121           | RHINOSCOPY   | \$0.00           |
|                | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS   | -                |
| 21210          | (INCLUDES OBTAINING GRAFT)   | \$168.00         |
| 21215          | GRAFT, BONÈ; MANDIBLE (INCLUDES OBTAINING GRAFT)   | \$168.00         |
| 2122           | BIOPSY OF NOSE   | \$0.00           |
|                | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE                                    |                  |
| 21230          | OR EAR (INCLUDES OBTAINING GRAFT)  | \$397.90         |
|                | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR   |                  |
| 21235          | (INCLUDES OBTAINING GRAFT)   | \$268.62         |
|                | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR   |                  |
| 21240          | WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)   | \$302.40         |
|                | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH  |                  |
| 21242          | ALLOGRAFT  | \$302.40         |
|                | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH  |                  |
| 21243          | PROSTHETIC JOINT REPLACEMENT   | \$302.40         |

| RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (E.G., MANDIBLAR STAPLE BONE PLATE)  RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL  21246  RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL AND CARTILLAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (E.G., FOR H  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G., BLADE, CYLINDER); PARTIAL RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G., BLADE, CYLINDER); PARTIAL RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G., BLADE, CYLINDER); PARTIAL COMPLETE RECONSTRUCTION OF ZEGMATIC AGRICA HORD RECONSTRUCTION OF SEGMATIC AGRICAN HORD RECONSTRUCTION OF SEGMATIC AGRICAN HORD RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH  PERIORBITAL WITH BONE GRAFTS; EXTRACRANIAL APPROACH  PERIORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21263  MEDIAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH  SECONDARY REVISION OF ORBITOCH MICROFICAL SECONDARY REVISION OF ORBITOCH MICROFICAL SECONDARY REVISION OF ORBITOCH MICROFICAL SECONDARY REVISION OF ORBITOCH PROYS  TREATMENT OF BENIGM MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  SECONSTRU | Procedure Code | Procedure Code Description                          | Rate     |
|--|----------------|---|----------|
| 21244   PLATE   \$504.00   |                | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH         |          |
| RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL PRECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE RECONSTRUCTION OF MANDIBLE OR MAXILLA, AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL MIPLANT (EG, BLADE, CYLINDER); PARTIAL RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL MIPLANT (EG, BLADE, CYLINDER); PARTIAL RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL MIPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE RECONSTRUCTION OF PARDIBLE OR MAXILLA, ENDOSTEAL MIPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILLAGE (INCLUDES OBTAINING AUTOGRAFTS) RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) ( PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  PERIORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL PERIORBITAL OSTEOTOMIES FOR ORBITAL APPROACH  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL PERIORBITAL OSTEOTOMIES FOR ORBITAL DETEOTOMIES, UNILATERAL, WITH BONE GRAFTS; CATRACRANIAL APPROACH  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION PROBLEMENT OF ORBITOCRANIOFACIAL RECONSTRUCTION PROBLEMENT OF BENIGM MASSETER HORDERY  STRACRANIOFACIAL AND BONE (EG, FOR TREATMENT OF BENIGM MASSETERS HYPERTROPHY); INTRAORAL APPROACH  PERIORBITAL CANNOFACIAL AND MAXILLOFACIAL PROCEDURE  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PR |                | TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE  |          |
| 21245   SUBPERIOSTEAL IMPLANT; PARTIAL   \$498.66  | 21244          | PLATE)  | \$504.00 |
| RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE  RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE RECONSTRUCTION OF CARRILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21268  EXTRACRANIAL  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  PERIORBITAL OSTEOTOMICS ON MOSE  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGM MASSETERN CHYPERTROPHY); EXTRAORAL APPROACH  \$52.84  RECONSTRUCTION OF MASSETERN CHYPERTROPHY); INTRAORAL APPROACH  \$164.09  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE  21299  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE  |                | RECONSTRUCTION OF MANDIBLE OR MAXILLA,              |          |
| 21246   SUBPERIOSTEAL IMPLANT; COMPLETE   \$451.19   | 21245          |   | \$498.66 |
| RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H \$814.80  21248 RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTILL \$717.45  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTILL \$814.80  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTILL COMPLETE \$814.80  RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILLAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (\$776.06  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  PERIORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL \$814.80  21268 EXTRACRANIAL \$814.80  21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$816.80  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21281 LATERAL CANTHOPEXY \$168.00  21282 LATERAL CANTHOPEXY \$168.00  21282 LATERAL CANTHOPEXY \$168.00  21284 CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21285 PROUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGM MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGM MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.24  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE  |                | RECONSTRUCTION OF MANDIBLE OR MAXILLA,              |          |
| AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (G., FOR H  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG., BLADE, CYLINDER); PARTIAL  21249  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG., BLADE, CYLINDER); PARTIAL COMPLETE \$814.80  RECONSTRUCTION OF ANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG., BLADE, CYLINDER); PARTIAL COMPLETE \$814.80  RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  PERIORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL RECONSTRUCTION \$168.00  21268  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRACRANIAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  PEDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  21299  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21246          |   | \$451.19 |
| 21247   GRAFTS) (EG, FOR H   \$814.80  |                |   |          |
| RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE  RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH APPROACH SPAPROACH APPROACH ORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280 THER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  2129 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  |                | <b>,</b>  |          |
| 21248 IMPLANT (EG, BLADE, CYLINDER); PARTIAL \$717.45  RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE \$814.80  RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (\$776.06  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21268 EXTRACRANIAL \$814.80  21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL \$168.00  EXTRACRANIAL \$168.00  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280 LATERAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  2129 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  | 21247          |   | \$814.80 |
| RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS) \$801.45  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) ( \$776.06  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL \$814.80  21268  CONSTRUCTION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21282  LATERAL CANTHOPEXY \$168.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  RECONSTRUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  2129  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                |   |          |
| MPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE   \$814.80     RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID     FOSSA WITH BONE AND CARTILLAGE (INCLUDES OBTAINING AUTOGRAFTS)   \$801.45     RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) ( \$776.06     PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH   \$791.75     PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH   \$814.80     PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT   \$814.80     PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT   \$814.80     ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH   \$718.07     ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL   \$814.80     21268  | 21248          |   | \$717.45 |
| RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL \$814.80  21263  DABLE SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21282  LATERAL CANTHOPEXY \$168.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); \$52.84   |                | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL    |          |
| FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21268 ECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280 THER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  | 21249          |   | \$814.80 |
| 21255   RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) ( \$776.06  |                | RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID        |          |
| RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) ( \$776.06  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SIGB.00  21282 LATERAL CANTHOPEXY \$168.00 21282 LATERAL CANTHOPEXY \$168.00 21282 OTHER DIAGNOSTIC PROCEDURES ON NOSE TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH S164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING   |          |
| 21256 (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) ( PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL SETANCARANIAL SETANCARANIAL SETANCARANIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SETANCARANIAL APPROACH STABLE  TREATMENT OF BENIGN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH SECUNCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH STABLE ST | 21255          | AUTOGRAFTS)   | \$801.45 |
| 21256 OBTAINING AUTOGRAFTS) (\$776.06  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$791.75  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH \$814.80  21261 PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL \$814.80  21268 EXTRACRANIAL \$814.80  21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES            |          |
| PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21268  EXTRACRANIAL S814.80  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL S168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21282  LATERAL CANTHOPEXY \$168.00  21299  OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH  \$164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE   |                | (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES       |          |
| 21260 WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21268  EXTRACRANIAL  S814.80  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL S168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION S168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) S168.00  2129  OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH  \$164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21256          | OBTAINING AUTOGRAFTS) (                             | \$776.06 |
| 21260 WITH BONE GRAFTS; EXTRACRANIAL APPROACH PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21268  EXTRACRANIAL  S814.80  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL S168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION S168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) S168.00  2129  OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH  \$164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                |   |          |
| PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT \$814.80  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL S168.00  21268  EXTRACRANIAL \$814.80  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  2129  OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  |                | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM,  |          |
| WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH \$718.07  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL \$814.80  21268 EXTRACRANIAL \$814.80  21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00  21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00  21282 LATERAL CANTHOPEXY \$168.00  2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$52.84  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21260          | WITH BONE GRAFTS; EXTRACRANIAL APPROACH             | \$791.75 |
| PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SIGNO 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) LATERAL CANTHOPEXY SIGNO 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH SIGNO SECONDARY GEPARATE PROCEDURE SO.00   |                | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM,  |          |
| PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL EXTRACRANIAL S12270 MALAR AUGMENTATION, PROSTHETIC MATERIAL S168.00 SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION S168.00 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) LATERAL CANTHOPEXY S168.00 21282 LATERAL CANTHOPEXY S168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH S164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE  |                | WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  |          |
| 21263 WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21268 EXTRACRANIAL 21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11280 ALATERAL CANTHOPEXY 11290 OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 11296 INTRAORAL APPROACH 11299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21261          | APPROACH  | \$814.80 |
| 21263 WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21268 EXTRACRANIAL 21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11280 ALATERAL CANTHOPEXY 11290 OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 11296 INTRAORAL APPROACH 11299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                |   |          |
| ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL EXTRACRANIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SIGNO EXTRACRANIAL SIGNO SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SIGNO EXTRACRANION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SIGNO EXTRACRANION SIGNO |                | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM,  |          |
| 21267 UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL 21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11282 LATERAL CANTHOPEXY 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH S164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  | 21263          | WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT         | \$814.80 |
| 21267 UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL 21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11282 LATERAL CANTHOPEXY 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH S164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  |                |   |          |
| ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) 11282  LATERAL CANTHOPEXY S168.00  2129  OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH  121296  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES,     |          |
| UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL  21270  MALAR AUGMENTATION, PROSTHETIC MATERIAL SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION S168.00  21280  MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) S168.00  21282  LATERAL CANTHOPEXY S168.00  2129  OTHER DIAGNOSTIC PROCEDURES ON NOSE REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH S164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  | 21267          | UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH | \$718.07 |
| 21268 EXTRACRANIAL \$814.80 21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00  SECONDARY REVISION OF ORBITOCRANIOFACIAL 21275 RECONSTRUCTION \$168.00 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00 21282 LATERAL CANTHOPEXY \$168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  |                | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES,     |          |
| 21270 MALAR AUGMENTATION, PROSTHETIC MATERIAL \$168.00 SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00 21282 LATERAL CANTHOPEXY \$168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00 REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84 REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND   |          |
| SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION \$168.00 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00 21282 LATERAL CANTHOPEXY \$168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00 REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH \$52.84 REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29 21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21268          | EXTRACRANIAL  | \$814.80 |
| 21275 RECONSTRUCTION \$168.00 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00 21282 LATERAL CANTHOPEXY \$168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21270          | MALAR AUGMENTATION, PROSTHETIC MATERIAL             | \$168.00 |
| 21280 MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) \$168.00 21282 LATERAL CANTHOPEXY \$168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | SECONDARY REVISION OF ORBITOCRANIOFACIAL            |          |
| 21282 LATERAL CANTHOPEXY \$168.00 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE \$0.00  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                |   | \$168.00 |
| 2129 OTHER DIAGNOSTIC PROCEDURES ON NOSE  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY);  21295 EXTRAORAL APPROACH  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY);  21296 INTRAORAL APPROACH  \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | ,   | \$168.00 |
| REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21295 EXTRAORAL APPROACH REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21282          |   | \$168.00 |
| TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH  \$164.29  UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  | 2129           | OTHER DIAGNOSTIC PROCEDURES ON NOSE                 | \$0.00   |
| 21295 EXTRAORAL APPROACH \$52.84  REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  |                |   |          |
| REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00  |                | · · · · · · · · · · · · · · · · · · ·               |          |
| TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); 21296 INTRAORAL APPROACH \$164.29  21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   | 21295          |   | \$52.84  |
| 21296 INTRAORAL APPROACH \$164.29 21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                |   |          |
| 21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE \$0.00   |                | TREATMENT OF BENIGN MASSETERIC HYPERTROPHY);        |          |
| ·  | 21296          | INTRAORAL APPROACH                                  | \$164.29 |
| ·  |                |   |          |
| EXCISION OR DESTRICTION OF LESION OF MOSE NOT  | 21299          | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE   | \$0.00   |
| LAGISION OF DESTRUCTION OF LESION OF NOSE, NOT   |                | EXCISION OR DESTRUCTION OF LESION OF NOSE, NOT      |          |
| 2130 OTHERWISE SPECIFIED \$0.00  | 2130           | OTHERWISE SPECIFIED                                 | \$0.00   |

| Procedure Code | Procedure Code Description                               | Rate            |
|----------------|--|-----------------|
| 2131           | LOCAL EXCISION OR DESTRUCTION OF INTRANASAL LESION       | \$0.00          |
| 2101           | CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT          | ψ0.00           |
| 21310          | MANIPULATION MANIPULATION                                | \$25.20         |
| 21010          | CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT           | Ψ20.20          |
| 21315          | STABILIZATION  | \$58.80         |
|                | LOCAL EXCISION OR DESTRUCTION OF OTHER LESION OF         | φου.σο          |
| 2132           | NOSE   | \$0.00          |
|                | CLOSED TREATMENT, NASAL BONE FRACTURE; WITH              | ·               |
| 21320          | STABILIZATION  | \$58.80         |
| 21325          | OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED          | \$168.00        |
|                | OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED,           |                 |
| 21330          | WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION          | \$168.00        |
|                | OPEN TREATMENT OF NASAL FRACTURE; WITH                   | ·               |
| 21335          | CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM           | \$168.00        |
|                | OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR         |                 |
| 21336          | WITHOUT STABILIZATION                                    | \$168.00        |
|                | CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR       |                 |
| 21337          | WITHOUT STABILIZATION                                    | \$35.45         |
|                | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT          |                 |
| 21338          | EXTERNAL FIXATION  | \$168.00        |
|                | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH             |                 |
| 21339          | EXTERNAL FIXATION  | \$168.00        |
|                | PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX            | ·               |
|                | FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION,         |                 |
| 21340          | INCLUDING REPAI  | \$168.00        |
|                | OPEN TREATMENT OF DEPRESSED FRONTAL SINUS                |                 |
| 21343          | FRACTURE   | \$168.00        |
|                | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR         |                 |
|                | INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE,        |                 |
| 21344          | VIA CORONAL  | \$168.00        |
|                | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX                |                 |
|                | FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE         |                 |
| 21345          | FIXATION OR FIXATIO                                      | \$168.00        |
|                |  |                 |
|                | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE         |                 |
| 21346          | (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION      | \$310.80        |
|                |  |                 |
|                | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE         |                 |
| 21347          | (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES     | \$310.80        |
|                | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE         |                 |
| 04040          | (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES           | <b>***</b>      |
| 21348          | OBTAINING GRAF   | \$302.17        |
|                | PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA,        |                 |
| 01055          | INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH          | ф <b>7</b> Г 00 |
| 21355          | MANIPULATION  OPEN TREATMENT OF DEPRESSED ZYCOMATIC ARCH | \$75.60         |
| 01050          | OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH               | ф <b>7</b> Е 00 |
| 21356          | FRACTURE (EG, GILLES APPROACH)                           | \$75.60         |
| 01060          | OPEN TREATMENT OF DEPRESSED MALAR FRACTURE,              | <b>#010.00</b>  |
| 21360          | INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD                | \$210.00        |

| Procedure Code | Procedure Code Description   | Rate            |
|----------------|--|-----------------|
|                | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR   |                 |
|                | INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF   |                 |
| 21365          | MALAR AREA,  | \$310.80        |
|                | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR   |                 |
|                | INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF   |                 |
| 21366          | MALAR AREA,  | \$310.80        |
|                | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT"  |                 |
|                | FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE  |                 |
| 21385          | OPERATION)   | \$310.80        |
|                | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT"  |                 |
| 21386          | FRACTURE; PERIORBITAL APPROACH   | \$310.80        |
|                | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT"  |                 |
| 21387          | FRACTURE; COMBINED APPROACH  | \$310.80        |
|                | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT"  |                 |
|                | FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR  |                 |
| 21390          | OTHER IMPLANT  | \$310.80        |
|                | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT"  |                 |
|                | FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT   |                 |
| 21395          | (INCLUDES OBTAINING  | \$310.80        |
| 214            | RESECTION OF NOSE  | \$0.00          |
|                | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT  |                 |
| 21400          | "BLOWOUT"; WITHOUT MANIPULATION  | \$25.20         |
|                | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT  |                 |
| 21401          | "BLOWOUT"; WITH MANIPULATION   | \$58.80         |
|                | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT  |                 |
| 21406          | "BLOWOUT"; WITHOUT IMPLANT   | \$261.30        |
|                | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT  |                 |
| 21407          | "BLOWOUT"; WITH IMPLANT  | \$310.80        |
|                | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT  |                 |
| 0.4400         | "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING  | 401000          |
| 21408          | GRAFT)   | \$310.80        |
|                | CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE  |                 |
| 04.404         | (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR   | <b>#</b> 04.00  |
| 21421          | FIXATION CONTROL OF DATA AND ANALYSIS ANALYSIS ANALYSIS A | \$84.00         |
| 01.400         | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE  | <b>#040.00</b>  |
| 21422          | (LEFORT I TYPE);   | \$310.80        |
|                | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE  |                 |
| 01400          | (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING  | <b>ተ</b> ጋፍር ርር |
| 21423          | CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION  | \$352.80        |
|                |  |                 |
| 21.421         | (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SP   | <u> </u>        |
| 21431          | DENTURE OR SP  | \$252.00        |
|                | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III  |                 |
| 21432          | TYPE); WITH WIRING AND/OR INTERNAL FIXATION  | \$327.56        |
| 21402          | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III  | φ327.30         |
|                | TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING  |                 |
| 21433          | CRANIAL  | \$394.80        |
| 21400          | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III  | φυσ4.00         |
|                | TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR  |                 |
| 21435          | EXTERNAL F   | \$453.60        |
| 21700          | LATLINALI  | ψ+33.00         |

| Procedure Code | Procedure Code Description                            | Rate           |
|----------------|---|----------------|
|                | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III |                |
|                | TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES,     |                |
| 21436          | INTERN  | \$512.40       |
|                | CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY           |                |
| 21440          | ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)          | \$33.60        |
|                | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR    |                |
| 21445          | RIDGE FRACTURE (SEPARATE PROCEDURE)                   | \$245.41       |
|                | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT      |                |
| 21450          | MANIPULATION  | \$42.00        |
|                | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH         |                |
| 21451          | MANIPULATION  | \$252.00       |
|                | PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE,        |                |
| 21452          | WITH EXTERNAL FIXATION                                | \$42.00        |
|                | CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH          |                |
| 21453          | INTERDENTAL FIXATION                                  | \$100.80       |
|                | OPEN TREATMENT OF MANDIBULAR FRACTURE WITH            |                |
| 21454          | EXTERNAL FIXATION                                     | \$336.00       |
|                | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT        |                |
| 21461          | INTERDENTAL FIXATION                                  | \$336.00       |
|                | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH           |                |
| 21462          | INTERDENTAL FIXATION                                  | \$336.00       |
| 21465          | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE        | \$336.00       |
|                | OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE     |                |
|                | BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL    |                |
| 21470          | FIXATION,   | \$336.00       |
|                | CLOSED TREATMENT OF TEMPOROMANDIBULAR                 |                |
| 21480          | DISLOCATION, INITIAL OR SUBSEQUENT                    | \$36.74        |
|                | CLOSED TREATMENT OF TEMPOROMANDIBULAR                 |                |
|                | DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG,   |                |
| 21485          | RECURRENT REQUIRING                                   | \$42.00        |
|                |   |                |
| 21490          | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION       | \$377.71       |
| 21495          | OPEN TREATMENT OF HYOID FRACTURE                      | \$210.00       |
|                | INTERDENTAL WIRING, FOR CONDITION OTHER THAN          |                |
| 21497          | FRACTURE  | \$206.38       |
| 21499          | UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD              | \$0.00         |
| 215            | SUBMUCOUS RESECTION OF NASAL SEPTUM                   | \$0.00         |
| 0.4.50.4       | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA,      | <b></b>        |
| 21501          | SOFT TISSUES OF NECK OR THORAX;                       | \$42.00        |
|                | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA,      |                |
| 04500          | SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB      | <b>A.</b> 10   |
| 21502          | OSTECTOMY   | \$142.80       |
| 04510          | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR  | <b>4.00.00</b> |
| 21510          | OSTEOMYELITIS OR BONE ABSCESS), THORAX                | \$126.00       |
| 21550          | BIOPSY, SOFT TISSUE OF NECK OR THORAX                 | \$25.20        |
| 04555          | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX;        | 400.00         |
| 21555          | SUBCUTANEOUS  | \$33.60        |
| 04550          | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP,  | <b>#00.00</b>  |
| 21556          | SUBFASCIAL, INTRAMUSCULAR                             | \$33.60        |
| 04557          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),  | <b>407.00</b>  |
| 21557          | SOFT TISSUE OF NECK OR THORAX                         | \$67.20        |

| Procedure Code | Procedure Code Description                         | Rate     |
|----------------|--|----------|
| 216            | TURBINECTOMY                                       | \$0.00   |
| 21600          | EXCISION OF RIB, PARTIAL                           | \$142.80 |
| 2161           | TURBINECTOMY BY DIATHERMY OR CRYOSURGERY           | \$0.00   |
| 21610          | COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)          | \$285.60 |
|                | EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET      |          |
| 21615          | COMPRESSION SYNDROME OR OTHER CAUSE;               | \$378.00 |
|                | EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET      |          |
|                | COMPRESSION SYNDROME OR OTHER CAUSE; WITH          |          |
| 21616          | SYMPATHECTOMY                                      | \$378.00 |
| 2162           | FRACTURE OF THE TURBINATES                         | \$0.00   |
| 21620          | OSTECTOMY OF STERNUM, PARTIAL                      | \$142.80 |
| 21627          | STERNAL DEBRIDEMENT                                | \$107.27 |
| 21630          | RADICAL RESECTION OF STERNUM; FOR TUMOR            | \$168.00 |
|                | RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL     |          |
| 21632          | LYMPHADENECTOMY                                    | \$252.00 |
| 21685          | HYOID MYOTOMY AND SUSPENSION                       | \$508.78 |
| 2169           | OTHER TURBINECTOMY                                 | \$0.00   |
| 217            | REDUCTION OF NASAL FRACTURE                        | \$0.00   |
|                | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF |          |
| 21700          | CERVICAL RIB                                       | \$220.44 |
|                | DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF    |          |
| 21705          | CERVICAL RIB                                       | \$309.60 |
| 2171           | CLOSED REDUCTION OF NASAL FRACTURE                 | \$0.00   |
| 2172           | OPEN REDUCTION OF NASAL FRACTURE                   | \$0.00   |
|                | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS,   |          |
| 21720          | OPEN OPERATION; WITHOUT CAST APPLICATION           | \$205.16 |
|                | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS,   |          |
| 21725          | OPEN OPERATION; WITH CAST APPLICATION              | \$226.80 |
|                | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR       |          |
| 21740          | CARINATUM  | \$420.00 |
|                | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR       |          |
|                | CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS       |          |
| 21742          | PROCEDURE), WITHOUT                                | \$0.00   |
|                | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR       |          |
|                | CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS       |          |
| 21743          | PROCEDURE) WITH THOR                               | \$0.00   |
|                | CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT   |          |
| 21750          | DEBRIDEMENT (SEPARATE PROCEDURE)                   | \$391.54 |
| 218            | REPAIR AND PLASTIC OPERATIONS ON THE NOSE          | \$0.00   |
|                | CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED,   |          |
| 21800          | EACH   | \$36.74  |
|                | OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION,   |          |
| 21805          | EACH   | \$75.60  |
| 2181           | SUTURE OF LACERATION OF NOSE                       | \$0.00   |
|                | TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL       |          |
| 21810          | FIXATION ("FLAIL CHEST")                           | \$58.80  |
| 2182           | CLOSURE OF NASAL FISTULA                           | \$0.00   |
| 21820          | CLOSED TREATMENT OF STERNUM FRACTURE               | \$42.00  |
|                | OPEN TREATMENT OF STERNUM FRACTURE WITH OR         |          |
| 21825          | WITHOUT SKELETAL FIXATION                          | \$67.20  |
| 2183           | TOTAL NASAL RECONSTRUCTION                         | \$0.00   |

| Procedure Code | Procedure Code Description                             | Rate                |
|----------------|--|---------------------|
| 2184           | REVISION RHINOPLASTY                                   | \$0.00              |
| 2185           | AUGMENTATION RHINOPLASTY                               | \$0.00              |
| 2186           | LIMITED RHINOPLASTY                                    | \$0.00              |
| 2187           | OTHER RHINOPLASTY                                      | \$0.00              |
| 2188           | OTHER SEPTOPLASTY                                      | \$0.00              |
| 2189           | OTHER REPAIR AND PLASTIC OPERATIONS ON NOSE            | \$0.00              |
| 21899          | UNLISTED PROCEDURE, NECK OR THORAX                     | \$0.00              |
| 219            | OTHER OPERATIONS ON NOSE                               | \$0.00              |
| 2191           | LYSIS OF ADHESIONS OF NOSE                             | \$0.00              |
| 21920          | BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL      | \$25.20             |
| 21925          | BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP             | \$58.80             |
| 21930          | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK          | \$84.00             |
| 21000          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),   | φο 1.00             |
| 21935          | SOFT TISSUE OF BACK OR FLANK                           | \$168.00            |
| 2199           | OTHER  | \$0.00              |
| 2100           | ASPIRATION AND LAVAGE OF NASAL SINUS, NOT OTHERWISE    | ψ0.00               |
| 2200           | SPECIFIED  | \$0.00              |
| 2201           | PUNCTURE OF NASAL SINUS FOR ASPIRATION OR LAVAGE       | \$0.00              |
| 2201           | INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS           | φυ.υυ               |
|                | (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR  |                     |
| 22010          | CERVICOTHO   | Ф44 <del>7</del> СО |
| 22010          | INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS           | \$447.68            |
|                |  |                     |
| 00015          | (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR      | <b>0.4.40 7.0</b>   |
| 22015          | LUMBOSACRAL  | \$443.76            |
| 0000           | ASPIRATION OR LAVAGE OF NASAL SINUS THROUGH NATURAL    | Φ0.00               |
| 2202           | OSTIUM  DIAGNOSTIC PROCEDURES ON NASAL SINUS           | \$0.00              |
| 221            |  | \$0.00              |
|                | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS     |                     |
| 00400          | (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC    | фооо оо             |
| 22100          | BONY   | \$392.00            |
| 00404          | PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS      | <b>#</b> 000 00     |
| 22101          | PROCESSES; THORACIC                                    | \$392.00            |
| 20400          | PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS      | <b>#</b>            |
| 22102          | PROCESSES; LUMBAR                                      | \$392.00            |
|                | DADTIAL EVOICION OF DOCTEDIOD VEDTERDAL COMPONENT      |                     |
| 00100          | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT      | <b>#</b> 104.00     |
| 22103          | FOR INTRINSIC BONY LESION; EACH ADDITIONAL             | \$101.96            |
| 0044           | OLOGED (ENDOGGODIO) (NEED) ET DIODOV OF MACAL CINILIO  | Φ0.00               |
| 2211           | CLOSED [ENDOSCOPIC] [NEEDLE] BIOPSY OF NASAL SINUS     | \$0.00              |
|                | PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY  |                     |
| 00110          | LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR        | <b>A.</b> 46.00     |
| 22110          | NERVE  | \$142.80            |
| 00110          | PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); | <b>.</b>            |
| 22112          | THORACIC   | \$142.80            |
|                | PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); | *                   |
| 22114          | LUMBAR   | \$142.80            |
|                | PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY  |                     |
| 22116          | LESION; EACH ADDITIONAL VERTEBRAL SEGMENT              | \$100.93            |
| 2219           | OTHER DIAGNOSTIC PROCEDURES ON NASAL SINUSES           | \$0.00              |
| 222            | INTRANASAL ANTROTOMY                                   | \$0.00              |

| Procedure Code | Procedure Code Description                           | Rate                                    |
|----------------|--|---|
|                | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL      |   |
|                | APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT;      |   |
| 22206          | THORACIC   | \$1,258.21                              |
|                | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL      |   |
|                | APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT;      |   |
| 22207          | LUMBAR   | \$1,242.12                              |
|                | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL      |   |
|                | APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT;      |   |
| 22208          | EACH ADDITION  | \$319.09                                |
|                | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL      |   |
| 22210          | APPROACH, ONE VERTEBRAL SEGMENT; CERVIAL             | \$708.17                                |
|                |  |   |
|                | OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR          |   |
| 22212          | CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC    | \$795.67                                |
|                | OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR          | ·                                       |
| 22214          | CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR      | \$747.58                                |
|                | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL      | ·                                       |
|                | APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL     |   |
| 22216          | VERTEBRAL  | \$247.68                                |
|                |  | •                                       |
|                | OSTEMTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR   |   |
| 22220          | APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL         | \$814.80                                |
|                | ,  | *                                       |
|                | OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR           |   |
| 22222          | CORRECTION OF DEFORMITY, SINGLE SEGMENT, THORACIC    | \$741.60                                |
|                | OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR           | *************************************** |
| 22224          | CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR      | \$781.02                                |
|                | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR   |   |
|                | APPROACH, SINGLE VERTEBRAL SEGNENT; EACH ADDITIONAL  |   |
| 22226          | VERTEBR  | \$247.68                                |
| 223            | EXTERNAL MAXILLARY ANTROTOMY                         | \$0.00                                  |
|                |  |   |
| 22305          | CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)    | \$100.10                                |
| 2231           | RADICAL MAXILLARY ANTROTOMY                          | \$0.00                                  |
|                | CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S),      |   |
|                | WITHOUT MANIPULATION, REQUIRING AND INCLUDING        |   |
| 22310          | CASTING  | \$98.41                                 |
|                |  |   |
|                | CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR    |   |
| 22315          | DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR | \$294.00                                |
|                | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID          |   |
|                | FRACTURE(S)AND OR DISLOCATION(S),ANTERIOR            |   |
| 22318          | APPROACH, WITHOUT GRAFTIN                            | \$823.33                                |
|                | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID          |   |
|                | FRACTURE(S)AND OR DISLOCATION(S), ANTREIOR APPROACH; |   |
| 22319          | WITH GRAFTING  | \$930.04                                |
|                | OPEN TREATMENT AND/OR REDUCITON OF VERTEBRAL         |   |
| 22325          | FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR            | \$563.06                                |
|                | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL         |   |
| 22326          | FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL          | \$529.20                                |
|                |  |   |

| OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL   \$529.20   | Procedure Code | Procedure Code Description                           | Rate       |
|---|----------------|--|------------|
| OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEB  22399 OTHER EXTERNAL MAXILLARY ANTROTOMY \$0.00 2241 FRONTAL SINUSOTOMY AND SINUSECTOMY \$0.00 2241 FRONTAL SINUSOTOMY \$0.00 2242 FRONTAL SINUSECTOMY \$0.00 2245 SINUSOTOMY, NOT OTHERWISE SPECIFIED \$0.00 MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION \$67.20 2251 ETHMOIDOTOMY \$0.00 \$250 2252 SPHENOIDOTOMY \$0.00 \$67.20 2252 PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC \$283.80 PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC \$266.26 PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL BOMY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL BODY, VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL BODY,  PERCUTANEOUS VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL BODY, VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL BODY,  P      |                | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL         |            |
| PRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEB   \$200.83  | 22327          | FRACTURE(S) AND/OR DISLOCATION(S); THORACIC          | \$529.20   |
| 22328   FRACTURED VERTEB   \$200.83   |                | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL         |            |
| 2239  |                | FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL     |            |
| 2241  | 22328          | FRACTURED VERTEB                                     | \$200.83   |
| 2241  | 2239           | OTHER EXTERNAL MAXILLARY ANTROTOMY                   | \$0.00     |
| 2242  | 224            | FRONTAL SINUSOTOMY AND SINUSECTOMY                   | \$0.00     |
| 2250  | 2241           | FRONTAL SINUSOTOMY                                   | \$0.00     |
| 22505 MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION \$67.20 2251 ETHMOIDOTOMY \$0.00 2252 SPHENOIDOTOMY \$0.00 2252 SPHENOIDOTOMY \$0.00 2252 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC \$283.80 22520 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR \$266.26 22521 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR \$266.26 22522 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, S336.23 22523 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$322.19 22524 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$322.19 22525 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$154.18 22526 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$11,109.19 22527 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84 2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00 22527 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00 2253 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00 2253 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00 22534 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94 22534 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  |                | FRONTAL SINUSECTOMY                                  | \$0.00     |
| 22505   REGION   \$67.20  | 2250           |  | \$0.00     |
| 2251 ETHMOIDOTOMY \$0.00 2252 SPHENOIDOTOMY \$0.00 2252 SPHENOIDOTOMY \$0.00 22520 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC \$283.80 22521 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR \$266.26 22521 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR \$266.26 22522 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC \$92.88  22523 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$336.23  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$322.19  PERCUTANEOUS VERTEBRAL BODY, \$154.18  22524 PERCUTANEOUS VERTEBRAL BODY, \$154.18  PERCUTANEOUS VERTEBRAL BODY, \$154.18  PERCUTANEOUS VERTEBRAL BODY, \$154.18  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  22527 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC SINCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSP |                | · ·  |            |
| 2252 SPHENOIDOTOMY 22520 PERCUTANEOUS VERTEBROPLASTY, ONE VERTBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC 22521 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR 22521 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR 22522 PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR 22522 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, 22523 PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, 22524 VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, ANTERIOR TRANSORAL OR                   | 22505          | REGION   | \$67.20    |
| PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY OR PEPARE INTERSPACE; THORACIC ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INT                  | 2251           | ETHMOIDOTOMY   | \$0.00     |
| 22520 UNILATERAL OR BILATERAL INJECTION; THORACIC PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 2252           | SPHENOIDOTOMY  | \$0.00     |
| PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANTULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANTULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANTULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANTULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANTULPASTY ON TORPEPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   |                | PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY,     |            |
| 22521 UNILATERAL OR BILATERAL INJECTION; LUMBAR PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   | 22520          |  | \$283.80   |
| PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$336.23  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$322.19  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$322.19  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$154.18  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  22527  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  22531  INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY,     |            |
| UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   | 22521          | UNILATERAL OR BILATERAL INJECTION; LUMBAR            | \$266.26   |
| THORACIC  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY,     |            |
| PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   |                | UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL   |            |
| CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY,  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;  S897.84  22537  INCISION OF MULTIPLE NASAL SINUSES  ORDON ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22522          | THORACIC   | \$92.88    |
| 22523 VERTEBRAL BODY, \$336.23  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$322.19  PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, \$154.18  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  22527 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  22531 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDI         |                | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING       |            |
| PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; FLUOROSCOPIC GUIDANCE; INCISION OF MULTIPLE NASAL SINUSES ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; PINCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; PINCLUDING M                  |                | CAVITY CREATION USING MECHANICAL DEVICE, ONE         |            |
| CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84  2253 INCISION OF MULTIPLE NASAL SINUSES NO.00 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE I                  | 22523          | VERTEBRAL BODY,                                      | \$336.23   |
| 22524 VERTEBRAL BODY, PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING       |            |
| PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84 PINCISION OF MULTIPLE NASAL SINUSES ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   |                | CAVITY CREATION USING MECHANICAL DEVICE, ONE         |            |
| CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL BODY, PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84  22527 INCISION OF MULTIPLE NASAL SINUSES ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22524          | VERTEBRAL BODY,                                      | \$322.19   |
| 22525 VERTEBRAL BODY, \$154.18  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  22527 FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING       |            |
| PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | CAVITY CREATION USING MECHANICAL DEVICE, ONE         |            |
| ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22525          | VERTEBRAL BODY,                                      | \$154.18   |
| 22526 FLUOROSCOPIC GUIDANCE; \$1,109.19  PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   |                | PERCUTANEOUS INTRADISCAL ELECTROTHERMAL              |            |
| PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; S897.84  2253 INCISION OF MULTIPLE NASAL SINUSES ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING        |            |
| ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00 ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22526          | FLUOROSCOPIC GUIDANCE;                               | \$1,109.19 |
| 22527 FLUOROSCOPIC GUIDANCE; \$897.84  2253 INCISION OF MULTIPLE NASAL SINUSES \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | PERCUTANEOUS INTRADISCAL ELECTROTHERMAL              |            |
| 2253 INCISION OF MULTIPLE NASAL SINUSES  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING        |            |
| ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22527          | FLUOROSCOPIC GUIDANCE;                               | \$897.84   |
| INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   | 2253           | INCISION OF MULTIPLE NASAL SINUSES                   | \$0.00     |
| 22532 THORACIC \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE,        |            |
| ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   |                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  |            |
| INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   | 22532          |  | \$0.00     |
| LUMBAR \$0.00  ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT   |                | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE,        |            |
| ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; 22534 THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  |            |
| INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; 22534 THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22533          | LUMBAR   | \$0.00     |
| 22534 THORACIC OR \$210.94  ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE,        |            |
| ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  |                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  |            |
| ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT  | 22534          | THORACIC OR  | \$210.94   |
| , , , , , , , , , , , , , , , , , , ,   |                | ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL         |            |
| , , , , , , , , , , , , , , , , , , ,   |                | TECHNIQUE,CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT |            |
|   | 22548          | EXCISION   | \$814.80   |

| Procedure Code | Procedure Code Description   | Rate            |
|----------------|--|-----------------|
|                | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE,   |                 |
|                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  |                 |
| 22554          | CERVICAL   | \$730.80        |
|                | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE,   |                 |
|                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  |                 |
| 22556          | THORACIC   | \$730.80        |
|                | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE,   |                 |
|                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  |                 |
| 22558          | LUMBAR   | \$730.80        |
|                | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE,   |                 |
|                | INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;  | ****            |
| 22585          | EACH ADDITONA  | \$84.00         |
| 00500          | ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL   | <b>#700.00</b>  |
| 22590          | (OCCIPUT-C2)   | \$730.80        |
| 22595          | ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)   | \$730.80        |
| 2260           | SINUSECTOMY, NOT OTHERWISE SPECIFIED   | \$0.00          |
|                |  | φο.σσ           |
|                | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL   |                 |
| 22600          | TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT   | \$730.80        |
|                | EXCISION OF LESION OF MAXILLARY SINUS WITH CALDWELL-   | •               |
| 2261           | LUC APPROACH   | \$0.00          |
|                | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL   |                 |
|                | TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT   |                 |
| 22610          | LATERAL TRANSVE  | \$730.80        |
|                | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL   |                 |
|                | TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT   |                 |
| 22612          | LATERAL TRANSVERS  | \$730.80        |
|                | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL   |                 |
| 00014          | TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL   | <b>\$000.50</b> |
| 22614          | SEGMENT EXCISION OF LESION OF MAXILLARY SINUS WITH OTHER                                     | \$268.53        |
| 2262           | APPROACH   | \$0.00          |
| 2263           | ETHMOIDECTOMY  | \$0.00          |
| 2203           | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE,  | ψυ.υυ           |
| 22630          | INCLUDING LAMINECTOMY AND/OR   | \$730.80        |
|                | ARTHRODISIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE   | Ţ. 00.00        |
| 22632          | INTERSPACE; EACH ADDITIONAL INTERSPACE   | \$227.87        |
| 2264           | SPHENOIDECTOMY   | \$0.00          |
| 227            | REPAIR OF NASAL SINUS  | \$0.00          |
| 2271           | CLOSURE OF NASAL SINUS FISTULA   | \$0.00          |
| 2279           | OTHER REPAIR OF NASAL SINUS  | \$0.00          |
|                | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH   |                 |
| 22800          | OR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS  | \$730.80        |
|                | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH   | <b>_</b>        |
| 22802          | OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS  | \$730.80        |
|                | ARTHROPECIC POSTERIOR FOR CRIMAL REFORMEN, WITH  |                 |
| 00004          | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH   | ф4 400 00       |
| 22804          | OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS   | \$1,402.08      |
| 22808          | ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS | <b>\$061.00</b> |
| 22000          | WITHOUT GAST, 2 TO 3 VERTEDRAL SEGIMENTS   | \$961.00        |

| Procedure Code | Procedure Code Description   | Rate             |
|----------------|--|------------------|
|                | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR   |                  |
| 22810          | WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS  | \$730.80         |
|                | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR   |                  |
| 22812          | WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS   | \$730.80         |
|                | KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND  |                  |
|                | RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY  |                  |
| 22818          | AND  | \$1,340.16       |
| 22819          | KYPHECTOMY: 3 OR MORE SEGMENTS   | \$1,435.31       |
| 22830          | EXPLORATION OF SPINAL FUSION   | \$389.64         |
|                | POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG,   |                  |
| 22840          | HARRINGTON ROD TECHNIQUE), PEDICLE   | \$730.80         |
|                | POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6   |                  |
| 22842          | VERTEBRAL SEGMENTS   | \$730.80         |
|                | POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12   |                  |
| 22843          | VERTEBRAL SEGMENTS   | \$390.51         |
|                | POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE  |                  |
| 22844          | VERTEBRAL SEGMENTS   | \$477.20         |
|                |  |                  |
| 22845          | ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS  | \$719.72         |
|                |  |                  |
| 22846          | ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS  | \$360.58         |
|                | ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL  |                  |
| 22847          | SEGMENTS   | \$400.62         |
|                | PELVIC FIXATION(ATTACHMENT OF CAUDAL END OF  |                  |
|                | INSTRMENTATION TO PELVIC BONY STRUCTURES) OTHER  |                  |
| 22848          | THAN SACRUM  | \$261.30         |
| 22849          | REINSERTION OF SPINAL FIXATION DEVICE  | \$413.17         |
|                | REMOVAL OF POSTERIOR NONSEGMENTAL  |                  |
| 22850          | INSTRUMENTATION (EG, HARRINGTON ROD)   | \$250.60         |
|                | APPLICATION OF INTERVERTEBRAL BIOMECHANICAL  |                  |
| 22851          | DEVICE(S) (EG, SYNTHETIC CAGE(S),  | \$292.26         |
| 22852          | REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION   | \$282.68         |
| 22855          | REMOVAL OF ANTERIOR INSTRUMENTATION  | \$297.96         |
|                | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR  |                  |
|                | APPROACH, INCLUDING DISCECTOMY WITH END PLATE  |                  |
| 22856          | PREPARATION ARREST AND ARREST AND ARREST ARR | \$890.62         |
|                | TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH,  |                  |
| 00057          | INCLUDING DISCECTOMY TO PREPARE INTERSPACE, LUMBAR,  | Φ040 C=          |
| 22857          | SINGLE INTER   | \$810.95         |
|                | REVISION INCLUDING REPLACEMENT OF TOTAL DISC   |                  |
| 00004          | ARTHROPLASTY, ANTERIOR APPROACH, SINGLE  | <b>M4 070 00</b> |
| 22861          | INTERSPACE; CERVICAL   | \$1,078.23       |
|                | REVISION INCLUDING REPLACEMENT OF TOTAL DISC   |                  |
| 00000          | ARTHROPLASTY ANTERIOR APPROACH, LUMBAR, SINGLE   | <b>#007.00</b>   |
| 22862          | INTERSPACE   | \$987.83         |
| 00004          | REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR   | Φ4 004 0E        |
| 22864          | APPROACH, SINGLE INTERSPACE; CERVICAL  | \$1,001.25       |
| 00005          | REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR   | <b>#004 00</b>   |
| 22865          | APPROACH, LUMBAR, SINGLE INTERSPACE  | \$961.82         |
| 22899          | UNLISTED PROCEDURE, SPINE  | \$0.00           |
| 229            | OTHER OPERATIONS ON NASAL SINUSES  | \$0.00           |

| Procedure Code | Procedure Code Description                            | Rate            |
|----------------|---|-----------------|
|                | EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG,       |                 |
| 22900          | DESMOID)  | \$97.18         |
|                | UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL          |                 |
| 22999          | SYSTEM  | \$0.00          |
| 230            | FORCEPS EXTRACTION OF TOOTH                           | \$0.00          |
|                | REMOVAL OF SUBDELTOID (OR INTRATENDINOUS)             |                 |
| 23000          | CALCAREOUS DEPOSITS, ANY METHOD                       | \$126.00        |
| 2301           | EXTRACTION OF DECIDUOUS TOOTH                         | \$0.00          |
|                | CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE          |                 |
| 23020          | PROCEDURE)  | \$210.00        |
|                | INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS    |                 |
| 23030          | OR HEMATOMA   | \$42.00         |
|                |   | -               |
| 23031          | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA  | \$33.60         |
|                | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE      | ·               |
| 23035          | ABSCESS), SHOULDER AREA                               | \$126.00        |
|                | ,,  | *               |
|                | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING             |                 |
| 23040          | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY     | \$294.00        |
|                | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR       | <del>-</del>    |
|                | JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF |                 |
| 23044          | FOREIGN   | \$294.00        |
| 23065          | BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL     | \$25.20         |
| 23066          | BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP            | \$25.20         |
|                | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA;           | Ψ20.20          |
| 23075          | SUBCUTANEOUS  | \$33.60         |
| 20070          | EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR   | φου.σσ          |
| 23076          | INTRAMUSCULAR   | \$119.18        |
| 20070          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),  | ψσσ             |
| 23077          | SOFT TISSUE OF SHOULDER AREA                          | \$449.69        |
| 2309           | EXTRACTION OF OTHER TOOTH                             | \$0.00          |
| 231            | SURGICAL REMOVAL OF TOOTH                             | \$0.00          |
| 23100          | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY      | \$294.00        |
| 20100          | ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR                | Ψ20-7.00        |
|                | STEROCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR        |                 |
| 23101          | EXCISION OF TORN CARTILA                              | \$284.83        |
| 20101          | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY,     | Ψ204.00         |
| 23105          | WITH OR WITHOUT BIOPSY                                | \$336.00        |
| 20100          | ANTHROTOMY; STERNOCLAVICULAR JOINT, WITH              | ψοσο.σο         |
| 23106          | SYNOVECTOMY, WITH OR WITHOUT BIOPSY                   | \$230.96        |
| 20100          | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT            | Ψ230.90         |
|                | EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR      |                 |
| 23107          | FOREIGN BODY  | \$353.77        |
| 2311           | REMOVAL OF RESIDUAL ROOT                              | \$0.00          |
| 23120          | CLAVICULECTOMY; PARTIAL                               | \$142.80        |
| 23125          | CLAVICULECTOMY, PARTIAL  CLAVICULECTOMY; TOTAL        | \$294.00        |
| 20120          | ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR     | φ254.00         |
| 23130          | WITHOUT CORACOACROMIAL LIGAMENT RELEASE               | ¢140.00         |
| 20100          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR    | \$142.80        |
| 22140          |   | <b>01.40.00</b> |
| 23140          | OF CLAVICLE OR SCAPULA;                               | \$142.80        |

| Procedure Code | Procedure Code Description                          | Rate     |
|----------------|---|----------|
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |          |
|                | OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES    |          |
| 23145          | OBTAINING   | \$336.00 |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |          |
| 23146          | OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT              | \$142.80 |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |          |
| 23150          | OF PROXIMAL HUMERUS;                                | \$285.60 |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |          |
|                | OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES       |          |
| 23155          | OBTAINING GRA                                       | \$336.00 |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |          |
| 23156          | OF PROXIMAL HUMERUS; WITH ALLOGRAFT                 | \$285.60 |
|                | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE       |          |
| 23170          | ABSCESS), CLAVICLE                                  | \$126.00 |
|                | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE       |          |
| 23172          | ABSCESS), SCAPULA                                   | \$126.00 |
|                | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE       |          |
| 23174          | ABSCESS), HUMERAL HEAD TO SURGICAL NECK             | \$126.00 |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR  |          |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS),     |          |
| 23180          | CLAVICLE  | \$142.80 |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR  |          |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS),     |          |
| 23182          | SCAPULA   | \$142.80 |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR  |          |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS),     |          |
| 23184          | PROXIMAL HU   | \$219.96 |
| 2319           | OTHER SURGICAL EXTRACTION OF TOOTH                  | \$0.00   |
|                | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL  |          |
| 23190          | ANGLE)  | \$142.80 |
| 23195          | RESECTION HUMERAL HEAD                              | \$324.23 |
| 232            | RESTORATION OF TOOTH BY FILLING                     | \$0.00   |
| 23200          | RADICAL RESECTION FOR TUMOR; CLAVICLE               | \$168.00 |
| 23210          | RADICAL RESECTION FOR TUMOR; SCAPULA                | \$455.11 |
|                |   |          |
| 23220          | RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;  | \$504.00 |
|                | RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH |          |
| 23221          | AUTOGRAFT (INCLUDES OBTAINING GRAFT)                | \$588.00 |
|                | RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH |          |
| 23222          | PROSTHETIC REPLACEMENT                              | \$504.24 |
| 233            | RESTORATION OF TOOTH BY INLAY                       | \$0.00   |
|                |   |          |
| 23330          | REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS     | \$25.20  |
|                | REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER   |          |
| 23331          | HEMIARTHROPLASTY REMOVAL)                           | \$168.42 |
|                | REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, |          |
| 23332          | TOTAL SHOULDER)                                     | \$165.76 |
| 23350          | INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY       | \$25.20  |
|                | MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER |          |
| 23395          | OR UPPER ARM; SINGLE                                | \$315.07 |

| Procedure Code | Procedure Code Description                           | Rate     |
|----------------|--|----------|
|                | MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER  |          |
| 23397          | OR UPPER ARM; MULTIPLE                               | \$458.40 |
| 234            | OTHER DENTAL RESTORATION                             | \$0.00   |
|                | SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR         |          |
| 23400          | PARALYSIS)   | \$336.00 |
| 23405          | TENOTOMY, SHOULDER AREA; SINGLE TENDON               | \$126.00 |
|                | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH    |          |
| 23406          | SAME INCISION  | \$126.00 |
| 2341           | APPLICATION OF CROWN                                 | \$0.00   |
|                | REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR     |          |
| 23410          | CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE                | \$277.20 |
|                | REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR     |          |
| 23412          | CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC              | \$277.20 |
|                | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT     |          |
| 23415          | ACROMIOPLASTY  | \$277.20 |
| 2342           | INSERTION OF FIXED BRIDGE                            | \$0.00   |
|                | RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR)        |          |
| 23420          | CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)      | \$277.20 |
| 2343           | INSERTION OF REMOVABLE BRIDGE                        | \$0.00   |
| 23430          | TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS       | \$277.20 |
|                | RESECTION OR TRANSPLANTATION OF LONG TENDON OF       |          |
| 23440          | BICEPS, FOR CHRONIC TENOSYNOVITIS                    | \$277.20 |
|                | CAPSULORRHAPHY FOR RECURRENT DISLOCATION,            |          |
|                | ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE     |          |
| 23450          | OPERATION  | \$504.00 |
|                | CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG,    |          |
| 23455          | BANKART PROCEDURE)                                   | \$378.00 |
|                | CAPSULORRHAPHY FOR RECURRENT DISLOCATION,            |          |
| 23460          | ANTERIOR, ANY TYPE; WITH BONE BLOCK                  | \$458.23 |
|                |  |          |
|                | CAPSULORRHAPHY FOR RECURRENT DISLOCATION,            |          |
| 23462          | ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER   | \$498.05 |
|                | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR,       |          |
| 23465          | WITH OR WITHOUT BONE BLOCK                           | \$434.09 |
|                | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-  |          |
| 23466          | DIRECTIONAL INSTABILITY                              | \$470.63 |
|                | ARTHROPLASTY, GLENOHUMERAL JOINT;                    |          |
| 23470          | HEMIARTHROPLASTY                                     | \$571.20 |
|                | ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER     |          |
|                | (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG,       |          |
| 23472          | TOTAL SHOULDER                                       | \$571.20 |
|                | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL        |          |
| 23480          | FIXATION;  | \$126.00 |
|                | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL        |          |
|                | FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION   |          |
| 23485          | (INCLUDES OBT  | \$126.00 |
| 2349           | OTHER DENTAL RESTORATION                             | \$0.00   |
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR |          |
|                | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE;          |          |
| 23490          | CLAVICLE   | \$464.19 |

| Procedure Code | Procedure Code Description                           | Rate                 |
|----------------|--|----------------------|
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR |                      |
|                | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE;          |                      |
| 23491          | PROXIMAL HUME  | \$591.54             |
| 235            | IMPLANTATION OF TOOTH                                | \$0.00               |
|                | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT     |                      |
| 23500          | MANIPULATION   | \$79.67              |
|                | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH        |                      |
| 23505          | MANIPULATION   | \$100.80             |
|                | OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR       |                      |
| 23515          | WITHOUT INTERNAL OR EXTERNAL FIXATION                | \$252.00             |
|                | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION;    |                      |
| 23520          | WITHOUT MANIPULATION                                 | \$75.54              |
|                | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION;    | -                    |
| 23525          | WITH MANIPULATION                                    | \$84.00              |
|                | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION,      | ·                    |
| 23530          | ACUTE OR CHRONIC;                                    | \$210.00             |
|                | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION,      | •                    |
|                | ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES       |                      |
| 23532          | OBTAINING GRAFT                                      | \$210.00             |
|                | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION;   | <del>+</del> =:::::  |
| 23540          | WITHOUT MANIPULATION                                 | \$80.50              |
|                | CLOSED TREATMENT OF ACROMICCLAVICULAR DISLOCATION;   | φου.σο               |
| 23545          | WITH MANIPULATION                                    | \$100.80             |
|                | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION,     | ψ100.00              |
| 23550          | ACUTE OR CHRONIC;                                    | \$260.40             |
|                | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION,     | Ψ=00.10              |
|                | ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES       |                      |
| 23552          | OBTAINING GRAF                                       | \$260.40             |
|                | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT       | <del>+</del> ======= |
| 23570          | MANIPULATION   | \$84.42              |
|                | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH          | ¥ 5 11 1 E           |
|                | MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION      |                      |
| 23575          | (WITH OR WITHOUT S                                   | \$100.80             |
|                | ,  | , -,                 |
|                | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID   |                      |
| 23585          | OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION       | \$252.00             |
| 236            | PROSTHETIC DENTAL IMPLANT                            | \$0.00               |
|                |  | + 0.00               |
|                | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR    |                      |
| 23600          | ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION      | \$109.20             |
|                | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR    | Ţ.55. <u>2</u> 5     |
|                | ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH   |                      |
| 23605          | OR WITHOU  | \$209.29             |
| 20000          | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR      | Ψ=00.20              |
|                | ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL  |                      |
| 23615          | OR EXTERNA   | \$369.60             |
| 20010          | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR      | ψοσο.σο              |
|                | ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL  |                      |
| 23616          | OR EXTERNA   | \$739.20             |
| 20010          | CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE;     | Ψ103.20              |
| 23620          | WITHOUT MANIPULATION                                 | \$109.20             |
| 20020          | WITHOUT WANT OLATION                                 | φτυσ.Δυ              |

| Procedure Code | Procedure Code Description                           | Rate     |
|----------------|--|----------|
|                | CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE;     |          |
| 23625          | WITH MANIPULATION                                    | \$50.45  |
|                | OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY         |          |
|                | FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL       |          |
| 23630          | FIXATION   | \$355.01 |
|                | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH       |          |
| 23650          | MANIPULATION; WITHOUT ANESTHESIA                     | \$100.80 |
|                | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH       |          |
| 23655          | MANIPULATION; REQUIRING ANESTHESIA                   | \$159.55 |
| 23660          | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION         | \$364.50 |
|                | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH       |          |
|                | FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH         |          |
| 23665          | MANIPULATION   | \$100.80 |
|                | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH         |          |
|                | FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR      |          |
| 23670          | WITHOUT INTERNAL                                     | \$378.00 |
|                | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH       |          |
|                | SURGICAL OR ANATOMICAL NECK FRACTURE, WITH           |          |
| 23675          | MANIPULATION   | \$100.80 |
|                | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH         |          |
|                | SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR        |          |
| 23680          | WITHOUT INTERNAL OR                                  | \$378.00 |
| 2370           | ROOT CANAL, NOT OTHERWISE SPECIFIED                  | \$0.00   |
|                | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT,       |          |
|                | INCLUDING APPLICATION OF FIXATION APPARATUS          |          |
| 23700          | (DISLOCATION EXCLUD                                  | \$50.40  |
| 2371           | ROOT CANAL THERAPY WITH IRRIGATION                   | \$0.00   |
| 2372           | ROOT CANAL THERAPY WITH APICOECTOMY                  | \$0.00   |
| 2373           | APICOECTOMY  | \$0.00   |
| 23800          | ARTHRODESIS, GLENOHUMERAL JOINT                      | \$546.00 |
|                | ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS     |          |
| 23802          | GRAFT (INCLUDES OBTAINING GRAFT)                     | \$546.00 |
| 23900          | INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)        | \$672.00 |
| 23920          | DISARTICULATION OF SHOULDER;                         | \$504.00 |
|                | DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR    |          |
| 23921          | SCAR REVISION  | \$60.00  |
| 23929          | UNLISTED PROCEDURE, SHOULDER                         | \$0.00   |
|                | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP |          |
| 23930          | ABSCESS OR HEMATOMA                                  | \$42.00  |
|                | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA;      |          |
| 23931          | BURSA  | \$33.60  |
|                |  |          |
|                | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR |          |
| 23935          | OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW     | \$126.00 |
| 240            | INCISION OF GUM OR ALVEOLAR BONE                     | \$0.00   |
|                | ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE,  |          |
| 24000          | OR REMOVAL OF FOREIGN BODY                           | \$268.80 |
|                | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION      |          |
| 24006          | FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)            | \$268.80 |
|                | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA;      |          |
| 24065          | SUPERFICIAL  | \$25.20  |

| Procedure Code  BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEE (SUBFASCIAL OR INTRAMUSCULAR)  EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS  EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OF | \$25.20<br>\$33.60<br>\$67.20<br>1),<br>\$134.40<br>\$0.00 |
|---|--|
| EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, 24076  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  | \$33.60<br>\$67.20<br>1),<br>\$134.40<br>\$0.00            |
| 24075 SUBCUTANEOUS EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, 24076 SUBFASCIAL OR INTRAMUSCULAR  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  | \$67.20<br>I),<br>\$134.40<br>\$0.00                       |
| EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   | \$67.20<br>I),<br>\$134.40<br>\$0.00                       |
| 24076  SUBFASCIAL OR INTRAMUSCULAR  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241  DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   | \$134.40<br>\$0.00   |
| PADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  | \$134.40<br>\$0.00   |
| 24077 SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   | \$134.40<br>\$0.00   |
| 24077 SOFT TISSUE OF UPPER ARM OR ELBOW AREA  241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   | \$134.40<br>\$0.00   |
| 241 DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND ALVEOLI 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   | \$0.00   |
| 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   |  |
| 24100 ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY   |  |
|   |  |
| ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OF  | \$199.59   |
|   |  |
| WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |  |
| 24101 OR FOREIGN  | \$268.80   |
| 24102 ARTHROTOMY, ELBOW; FOR SYNOVECTOMY  | \$294.00   |
| 24105 EXCISION, OLECRANON BURSA   | \$142.80   |
| 2411 BIOPSY OF GUM  | \$0.00   |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  | ٦,   |
| 24110 HUMERUS;  | \$285.60   |
|   |  |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  | ٦,   |
| 24115 HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT   | \$392.00   |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  | ٦,   |
| 24116 HUMERUS; WITH ALLOGRAFT   | \$285.60   |
| 2412 BIOPSY OF ALVEOLUS   | \$0.00   |
|   |  |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOI  | R  |
| 24120 OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;   | \$277.81   |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOI  | R  |
| OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;   |  |
| 24125 WITH AUTOGR   | \$392.00   |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOI  | R  |
| OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;   |  |
| 24126 WITH ALLOGR   | \$285.60   |
| 24130 EXCISION, RADIAL HEAD   | \$285.66   |
| SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE   |  |
| 24134 ABSCESS), SHAFT OR DISTAL HUMERUS   | \$278.92   |
| SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE   |  |
| 24136 ABSCESS), RADIAL HEAD OR NECK   | \$300.00   |
| SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE   |  |
| 24138 ABSCESS), OLECRANON PROCESS   | \$300.00   |
| PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR   |  |
| DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS),   | 1  |
| 24140 HUMERUS   | \$228.52   |
| PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR   |  |
| DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS),   |  |
| 24145 RADIAL HEAD   | \$300.00   |
| PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR   |  |
| DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS),   |  |
| 24147 OLECRANON PR  |  |

| Procedure Code | Procedure Code Description                         | Rate           |
|----------------|--|----------------|
|                | RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND     |                |
|                | HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE  |                |
| 24149          | (SEPARATE PRO                                      | \$577.09       |
|                | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL       |                |
| 24150          | HUMERUS;   | \$504.00       |
|                | DADION, DECECTION FOR TUMOR QUART OF DIOTAL        |                |
| 04454          | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL       | <b>4.70.40</b> |
| 24151          | HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | \$470.40       |
| 24152          | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;  | \$364.71       |
| 04450          | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;  | <b>4.00 7.</b> |
| 24153          | WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)          | \$480.71       |
| 24155          | RESECTION OF ELBOW JOINT (ARTHRECTOMY)             | \$470.40       |
| 24160          | IMPLANT REMOVAL; ELBOW JOINT                       | \$180.00       |
| 24164          | IMPLANT REMOVAL; RADIAL HEAD                       | \$180.00       |
|                | OTHER DIAGNOSTIC PROCEDURES ON TEETH, GUMS, AND    |                |
| 2419           | ALVEOLI  | \$0.00         |
| 242            | GINGIVOPLASTY                                      | \$0.00         |
|                | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA;  |                |
| 24200          | SUBCUTANEOUS                                       | \$25.20        |
|                | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA;  |                |
| 24201          | DEEP (SUBFASCIAL OR INTRAMUSCULAR)                 | \$75.49        |
| 24220          | INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY         | \$25.20        |
| 243            | OTHER OPERATIONS ON GUM                            | \$0.00         |
| 24300          | MANIPULATION, ELBOW, UNDER ANESTHESIA              | \$200.83       |
|                | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR  |                |
| 24301          | ELBOW, SINGLE (EXCLUDING 24320-24331)              | \$277.20       |
|                | TENDON LENGTHENING, UPPER ARM OR ELBOW,EACH        |                |
| 24305          | TENDON   | \$176.40       |
| 2431           | EXCISION OF LESION OR TISSUE OF GUM                | \$0.00         |
| 24310          | TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON     | \$126.00       |
| 2432           | SUTURE OF LACERATION OF GUM                        | \$0.00         |
|                | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT  |                |
|                | FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-     |                |
| 24320          | BROOKES TYPE P                                     | \$427.45       |
|                | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE           |                |
| 24330          | ADVANCEMENT);                                      | \$277.20       |
|                | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE           |                |
| 24331          | ADVANCEMENT); WITH EXTENSOR ADVANCEMENT            | \$277.20       |
| 24332          | TENOLYSIS, TRICEPS                                 | \$277.61       |
| 24340          | TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW    | \$277.20       |
|                | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH |                |
|                | TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXLUDES    |                |
| 24341          | ROTATOR CUF  | \$319.09       |
|                | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON,  |                |
| 24342          | DISTAL, WITH OR WITHOUT TENDON GRAFT               | \$277.20       |
|                | REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH    |                |
| 24343          | LOCAL TISSUE                                       | \$366.77       |
|                |  |                |
|                | RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, |                |
| 24344          | WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)   | \$553.56       |
| 24344          | ·  | \$553.56       |

| Procedure Code | Procedure Code Description   | Rate                 |
|----------------|--|----------------------|
|                | REPAIR MEDICAL COLLATERAL LIGAMENT, ELBOW, WITH  |                      |
| 24345          | LOCAL TISSUE   | \$366.77             |
|                |  |                      |
|                | RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW,  |                      |
| 24346          | WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)   | \$553.56             |
| 04057          | TENOTONIA EL DOMI LATERAL OR MEDICAL. REPOLITANICOLO   | <b>#</b> 10.01       |
| 24357          | TENOTOMY, ELBOW, LATERAL OR MEDICAL; PERCUTANEOUS TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT,  | \$10.91              |
| 24358          | SOFT TISSUE AND/OR BONE, OPEN  | \$266.05             |
| 24330          | TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT,  | φ200.03              |
|                | SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR  |                      |
| 24359          | REATTACH   | \$339.94             |
| 24360          | ARTHROPLASTY, ELBOW; WITH MEMBRANE   | \$504.00             |
|                | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL   | φσσσσ                |
| 24361          | PROSTHETIC REPLACEMENT   | \$504.00             |
|                | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA  | ·                    |
| 24362          | LIGAMENT RECONSTRUCTION  | \$504.00             |
|                | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND   |                      |
|                | PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL  |                      |
| 24363          | ELBOW")  | \$504.00             |
| 24365          | ARTHROPLASTY, RADIAL HEAD;   | \$346.34             |
| 24366          | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT  | \$446.24             |
| 2439           | OTHER  | \$0.00               |
| 244            | EXCISION OF DENTAL LESION OF JAW   | \$0.00               |
| 0.4.400        | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL   | 400400               |
| 24400          | FIXATION  MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON   | \$294.00             |
|                |  |                      |
| 24410          | INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)   | \$294.00             |
| 24410          | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR  | φ294.00              |
| 24420          | LENGTHENING) (EXCLUDING 64876)   | \$504.00             |
| 24420          | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT   | ψ504.00              |
| 24430          | GRAFT (EG, COMPRESSION TECHNIQUE)  | \$420.00             |
|                | J. W. W. T. (2-6), G. W. W. W. G. W. | ψ.=σ.σσ              |
|                | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC  |                      |
| 24435          | OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)  | \$519.89             |
|                | HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR  |                      |
| 24470          | VALGUS, DISTAL HUMERUS)  | \$223.91             |
|                | DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL   |                      |
| 24495          | ARTERY EXPLORATION   | \$188.95             |
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR   |                      |
| 0.4.400        | WIRING), WITH OR WITHOUT METHYLMETHACRYLATE,   | <b>4.0</b>           |
| 24498          | HUMERAL  | \$485.25             |
| 245            | ALVEOLOPLASTY  | \$0.00               |
| 24500          | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION   | ¢100.00              |
| 24300          | VVITITOUT IVIAINIFULATION  | \$109.20             |
|                | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH   |                      |
| 24505          | MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION  | \$208.88             |
| 2.000          | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH  | Ψ200.00              |
| 24515          | PLATE/SCREWS, WITH OR WITHOUT CERCLAGE   | \$369.60             |
|                |  | Ţ 2 <b>0 0 . 0 0</b> |

| Procedure Code | Procedure Code Description                        | Rate     |
|----------------|---|----------|
|                | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH    |          |
|                | INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR      |          |
| 24516          | WITHOUT CERCLAGE A                                | \$369.60 |
|                | CLOSED TREATMENT OF SUPRACONDYLAR OR              |          |
|                | TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT   |          |
| 24530          | INTERCONDYLAR EXTENSION;                          | \$75.60  |
|                | CLOSED TREATMENT OF SUPRACONDYLAR OR              |          |
|                | TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT   |          |
| 24535          | INTERCONDYLAR EXTENSION;                          | \$201.60 |
|                | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR   |          |
|                | OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR        |          |
| 24538          | WITHOUT INTERCONDYL                               | \$201.60 |
|                | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR        |          |
|                | TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL  |          |
| 24545          | OR EXTERNAL FIXATI                                | \$378.00 |
|                | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR        |          |
|                | TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL  |          |
| 24546          | OR EXTERNAL FIXATI                                | \$378.00 |
|                | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, |          |
| 24560          | MEDIAL OR LATERAL; WITHOUT MANIPULATION           | \$75.60  |
|                | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, | -        |
| 24565          | MEDIAL OR LATERAL; WITH MANIPULATION              | \$151.20 |
|                | PERCUTANIOUS SKELETAL FIXATION OF HUMERAL         | -        |
|                | EPICONDULAR FRACTURE, MEDIAL OR LATERAL; WITHOUT  |          |
| 24566          | MANIPULATION                                      | \$151.20 |
|                | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE,   | ·        |
|                | MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR    |          |
| 24575          | EXTERNAL FIXATI                                   | \$378.00 |
|                | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE,    |          |
| 24576          | MEDIAL OR LATERAL; WITHOUT MANIPULATION           | \$75.60  |
|                | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE,    | •        |
| 24577          | MEDIAL OR LATERAL; WITH MANIPULATION              | \$151.20 |
|                | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE,      | -        |
|                | MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR    |          |
| 24579          | EXTERNAL FIXATION                                 | \$378.00 |
|                | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL         |          |
|                | CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH        |          |
| 24582          | MANIPULATION                                      | \$151.20 |
|                | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR   | -        |
|                | DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS |          |
| 24586          | AND PROXIMAL                                      | \$378.00 |
|                | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR   |          |
|                | DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS |          |
| 24587          | AND PROXIMAL                                      | \$378.00 |
| 246            | EXPOSURE OF TOOTH                                 | \$0.00   |
|                | TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT    | -        |
| 24600          | ANESTHESIA  | \$100.80 |
|                | TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING  | ·        |
| 24605          | ANESTHESIA  | \$100.80 |
|                | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW          |          |
| 24615          | DISLOCATION                                       | \$310.80 |
|                | 1   | T        |

| CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE  | Procedure Code | Procedure Code Description                          | Rate     |
|---|----------------|---|----------|
| 24620   WITH DISLOC   \$168.00  |                | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE      |          |
| 24620   WITH DISLOC   \$168.00  |                | DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA |          |
| DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCAT   \$523.20  | 24620          | · ·   | \$168.00 |
| 24635   WITH DISLOCAT   \$523.20  |                | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE        |          |
| 24635   WITH DISLOCAT   \$523.20  |                | DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA |          |
| 24640   | 24635          | · ·   | \$523.20 |
| CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE;   WITHOUT MANIPULATION   \$126.00   |                | CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN      |          |
| 24650   | 24640          | CHILD, "NURSEMAID ELBOW", WITH MANIPULATION         | \$25.20  |
| 24655   CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE;   WITH MANIPULATION   \$126.00  |                | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE;   | •        |
| 24655   WITH MANIPULATION   \$126.00  | 24650          | WITHOUT MANIPULATION                                | \$58.80  |
| OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOR WITHERNAL FIXATION OR RADIAL HEAD  |                | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE;   | •        |
| WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;   \$277.20   | 24655          | WITH MANIPULATION                                   | \$126.00 |
| 24665   EXCISION;   \$277.20  |                | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE,     |          |
| OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD  |                | WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD    |          |
| OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD  | 24665          | EXCISION;   | \$277.20 |
| 24666   |                | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE,     |          |
| CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION \$75.60  |                | WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD    |          |
| CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION \$75.60  | 24666          | EXCISION; WIT                                       | \$277.20 |
| CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION \$151.20  |                | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END    | •        |
| CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION \$151.20  | 24670          | (OLECRANON PROCESS); WITHOUT MANIPULATION           | \$75.60  |
| 24675   |                | , ·   |          |
| OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI  | 24675          |   | \$151.20 |
| 24685         EXTERNAL FIXATI         \$252.00           247         APPLICATION OF ORTHODONTIC APPLIANCE         \$0.00           248         OTHER ORTHODONTIC OPERATION         \$0.00           24800         ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           24802         ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           2490         OTHER DENTAL OPERATIONS         \$0.00           24900         AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE         \$370.69           2491         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS         \$0.00           2491         AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           24920         AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS |                |   | *        |
| 24685         EXTERNAL FIXATI         \$252.00           247         APPLICATION OF ORTHODONTIC APPLIANCE         \$0.00           248         OTHER ORTHODONTIC OPERATION         \$0.00           24800         ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           24802         ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           2490         OTHER DENTAL OPERATIONS         \$0.00           24900         AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE         \$370.69           2491         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS         \$0.00           2491         AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           24920         AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS |                | (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR    |          |
| 247         APPLICATION OF ORTHODONTIC APPLIANCE         \$0.00           248         OTHER ORTHODONTIC OPERATION         \$0.00           24800         ARTHRODESIS, ELBOW JOINT; LOCAL         \$470.40           ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           24802         (INCLUDES OBTAINING GRAFT)         \$470.40           249         OTHER DENTAL OPERATIONS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY         \$370.69           CLOSURE         \$370.69           EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL         \$0.00           SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR         (GUILLOTINE)           24920         (AMPUTATION, ARM THROUGH HUMERUS; SECONDARY           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24936         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           24999         OTHER         \$0.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE                                      | 24685          | · ·   | \$252.00 |
| 248         OTHER ORTHODONTIC OPERATION         \$0.00           24800         ARTHRODESIS, ELBOW JOINT; LOCAL         \$470.40           ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           24802         (INCLUDES OBTAINING GRAFT)         \$470.40           249         OTHER DENTAL OPERATIONS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY         \$370.69           24900         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS         \$0.00           2491         SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE                   |                | APPLICATION OF ORTHODONTIC APPLIANCE                | · .      |
| 24800         ARTHRODESIS, ELBOW JOINT; LOCAL         \$470.40           24802         ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT         \$470.40           249         OTHER DENTAL OPERATIONS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY         \$370.69           24900         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL         \$0.00           2491         SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR         \$0.00           24920         (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           250         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, DEQUER VAIN'S DISEASE)         \$142.80                        | 248            | OTHER ORTHODONTIC OPERATION                         | · ·      |
| 24802         (INCLUDES OBTAINING GRAFT)         \$470.40           249         OTHER DENTAL OPERATIONS         \$0.00           44900         AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE         \$370.69           2491         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)         \$167.80  | 24800          | ARTHRODESIS, ELBOW JOINT; LOCAL                     | \$470.40 |
| 249         OTHER DENTAL OPERATIONS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY         \$370.69           24900         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)         \$167.80   |                | ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT     |          |
| AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE   \$370.69  | 24802          | (INCLUDES OBTAINING GRAFT)                          | \$470.40 |
| 24900         CLOSURE         \$370.69           2491         EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)         \$167.80   | 249            | OTHER DENTAL OPERATIONS                             | \$0.00   |
| EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL SULCUS   \$0.00  |                | AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY       |          |
| 2491         SULCUS         \$0.00           AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         \$336.00           24925         CLOSURE OR SCAR REVISION         \$390.92           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)         \$167.80   | 24900          | CLOSURE   | \$370.69 |
| AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE) \$347.37  AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION \$336.00  24930 AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION \$390.92  24931 AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT \$504.00  24935 STUMP ELONGATION, UPPER EXTREMITY \$504.00  24940 CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE \$458.25  2499 OTHER \$0.00  24999 UNLISTED PROCEDURE, HUMERUS OR ELBOW \$0.00  250 DIAGNOSTIC PROCEDURES ON TONGUE \$0.00  INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) \$142.80  INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80   |                | EXTENSION OR DEEPENING OF BUCCOLABIAL OR LINGUAL    |          |
| 24920         (GUILLOTINE)         \$347.37           AMPUTATION, ARM THROUGH HUMERUS; SECONDARY           24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG,         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR         \$167.80  | 2491           | SULCUS  | \$0.00   |
| AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION S336.00 AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT S504.00 STUMP ELONGATION, UPPER EXTREMITY S504.00 CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE AV58.25 AV99 OTHER S0.00 UNLISTED PROCEDURE, HUMERUS OR ELBOW DIAGNOSTIC PROCEDURES ON TONGUE INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)  S167.80  |                | AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR     |          |
| 24925         CLOSURE OR SCAR REVISION         \$336.00           24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           2500         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG,         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR         \$142.80           25001         CAPRI RADIALIS)         \$167.80  | 24920          | (GUILLOTINE)  | \$347.37 |
| 24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           250         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)         \$167.80  |                | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY          |          |
| 24930         AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION         \$390.92           24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           250         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)         \$167.80  | 24925          | CLOSURE OR SCAR REVISION                            | \$336.00 |
| 24931         AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT         \$504.00           24935         STUMP ELONGATION, UPPER EXTREMITY         \$504.00           24940         CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE         \$458.25           2499         OTHER         \$0.00           24999         UNLISTED PROCEDURE, HUMERUS OR ELBOW         \$0.00           250         DIAGNOSTIC PROCEDURES ON TONGUE         \$0.00           INCISION, EXTENSOR TENDON SHEATH, WRIST (EG,         DEQUERVAIN'S DISEASE)         \$142.80           INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR         CAPRI RADIALIS)         \$167.80  | 24930          | AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION      |          |
| 24940 CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE \$458.25 2499 OTHER \$0.00 24999 UNLISTED PROCEDURE, HUMERUS OR ELBOW \$0.00 250 DIAGNOSTIC PROCEDURES ON TONGUE \$0.00 INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) \$142.80 INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80  | 24931          | AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT       |          |
| 2499 OTHER \$0.00 24999 UNLISTED PROCEDURE, HUMERUS OR ELBOW \$0.00 250 DIAGNOSTIC PROCEDURES ON TONGUE \$0.00 INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) \$142.80 INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80   | 24935          | STUMP ELONGATION, UPPER EXTREMITY                   | \$504.00 |
| 24999 UNLISTED PROCEDURE, HUMERUS OR ELBOW \$0.00 250 DIAGNOSTIC PROCEDURES ON TONGUE \$0.00 INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) \$142.80 INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80   | 24940          | CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE     | \$458.25 |
| 250 DIAGNOSTIC PROCEDURES ON TONGUE \$0.00 INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, 25000 DEQUERVAIN'S DISEASE) \$142.80 INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR 25001 CAPRI RADIALIS) \$167.80   | 2499           | OTHER   | \$0.00   |
| INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) \$142.80 INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80  | 24999          | UNLISTED PROCEDURE, HUMERUS OR ELBOW                | \$0.00   |
| 25000 DEQUERVAIN'S DISEASE) \$142.80 INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80   | 250            | DIAGNOSTIC PROCEDURES ON TONGUE                     | \$0.00   |
| INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS) \$167.80  |                | INCISION, EXTENSOR TENDON SHEATH, WRIST (EG,        |          |
| 25001 CAPRI RADIALIS) \$167.80  | 25000          |   | \$142.80 |
| 25001 CAPRI RADIALIS) \$167.80  |                | INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR   |          |
|   | 25001          |   | \$167.80 |
|   | 2501           | CLOSED [NEEDLE] BIOPSY OF TONGUE                    | \$0.00   |

| Procedure Code | Procedure Code Description                           | Rate           |
|----------------|--|----------------|
| 2502           | OTHER BIOPSY OF TONGUE                               | \$0.00         |
|                | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST;      | ·              |
| 25020          | FLEXOR OR EXTENSOR COMPARTMENT                       | \$142.80       |
|                |  |                |
|                | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST;      | *              |
| 25023          | WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE    | \$142.80       |
|                | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST,      |                |
| 05004          | FLEXOR AND EXTENSOR COMPARTMENT;W/O DEBRIDEMENT      | 4000 10        |
| 25024          | OF NONVIABLE   | \$389.48       |
|                | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST,      |                |
| 05005          | FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT       | <b>4407.00</b> |
| 25025          | ON NONVIABLE MU                                      | \$167.80       |
| 05000          | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP    | <b></b>        |
| 25028          | ABSCESS OR HEMATOMA                                  | \$142.80       |
| 25031          | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA   | \$33.60        |
| 20001          | INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST    | Ψ00.00         |
| 25035          | (EG, OSTEOMYELITIS OR BONE ABSCESS)                  | \$126.00       |
| 20000          | ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR    | Ψ120.00        |
|                | INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF |                |
| 25040          | FOREIGN  | \$268.80       |
| 20010          | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST;         | φ200.00        |
| 25065          | SUPERFICIAL  | \$25.20        |
| 20000          | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP    | Ψ20.20         |
| 25066          | (SUBFASCIAL OR INTRAMUSCULAR)                        | \$25.20        |
|                | EXCISION, TUMOR, FOREARM AND/OR WRIST AREA;          | Ψ20:20         |
| 25075          | SUBCUTANEOUS   | \$33.60        |
|                | EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP,    | <del>,</del>   |
| 25076          | SUBFASCIAL OR INTRAMUSCULAR                          | \$33.60        |
|                |  |                |
|                | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), |                |
| 25077          | SOFT TISSUE OF FOREARM AND/OR WRIST AREA             | \$300.00       |
| 25085          | CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)             | \$210.00       |
| 2509           | OTHER DIAGNOSTIC PROCEDURES ON TONGUE                | \$0.00         |
|                | EXCISION OR DESTRUCTION OF LESION OR TISSUE OF       |                |
| 251            | TONGUE   | \$0.00         |
| 25100          | ARTHROTOMY, WRIST JOINT; FOR BIOPSY                  | \$192.98       |
|                | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION,     |                |
|                | WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF   |                |
| 25101          | LOOSE OR F   | \$227.87       |
| 25105          | ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY             | \$220.87       |
|                | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR |                |
| 25107          | OF TRIANGULAR CARTILAGE, COMPLEX                     | \$250.98       |
|                | EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR  |                |
| 25109          | EXTENSOR, EACH                                       | \$270.18       |
|                | EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR    |                |
| 25110          | WRIST  | \$146.96       |
|                | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR);       |                |
| 25111          | PRIMARY  | \$145.72       |
|                | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR);       |                |
| 25112          | RECURRENT  | \$151.20       |

| Procedure Code | Procedure Code Description  | Rate            |
|----------------|---|-----------------|
|                | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR                     |                 |
|                | FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS,                  |                 |
| 25115          | TBC, OR OTH   | \$264.88        |
|                | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR                     |                 |
|                | FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS,                  |                 |
| 25116          | TBC, OR OTH   | \$264.88        |
|                | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE                  |                 |
| 25118          | COMPARTMENT;  | \$232.82        |
|                | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE                  |                 |
| 25119          | COMPARTMENT; WITH RESECTION OF DISTAL ULNA                          | \$232.80        |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR                  |                 |
|                | OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS                 |                 |
| 25120          | AND OLE   | \$277.20        |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR                  |                 |
| 05405          | OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS                 | 400000          |
| 25125          | AND OLE   | \$392.00        |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR                  |                 |
| 05400          | OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS                 | <b>\$205.00</b> |
| 25126          | AND OLE   | \$285.60        |
| 05100          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR                  | <b>#140.00</b>  |
| 25130          | OF CARPAL BONES; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR | \$142.80        |
|                |   |                 |
| 25135          | OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)          | <u></u>         |
| 20130          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR                  | \$252.00        |
| 25136          | OF CARPAL BONES; WITH ALLOGRAFT                                     | ¢1.40.00        |
| 23136          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE                       | \$142.80        |
| 25145          | ABSCESS), FOREARM AND/OR WRIST                                      | \$126.00        |
| 23143          | ABOOLOGI, I OTILATIWI AND/OTI WITIOT                                | Ψ120.00         |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR                   |                 |
| 25150          | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA                | \$298.04        |
| 20100          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR                   | Ψ200.04         |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);                     |                 |
| 25151          | RADIUS  | \$209.87        |
| 25170          | RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA                         | \$453.25        |
| 252            | PARTIAL GLOSSECTOMY   | \$0.00          |
| 25210          | CARPECTOMY; ONE BONE  | \$210.00        |
| 25215          | CARPECTOMY; ALL BONES OF PROXIMAL ROW                               | \$210.00        |
| 25230          | RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)                           | \$150.97        |
| 25240          | EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)                       | \$184.80        |
| 25246          | INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY                          | \$25.20         |
|                | EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY,                       |                 |
| 25248          | FOREARM OR WRIST  | \$25.20         |
|                |   |                 |
| 25250          | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)                   | \$267.29        |
|                | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING                 |                 |
| 25251          | "TOTAL WRIST"   | \$300.00        |
| 25259          | MANIPULATION, WRIST, UNDER ANESTHESIA                               | \$198.56        |
|                | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR                    |                 |
| 25260          | WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE                       | \$229.50        |

| Procedure Code | Procedure Code Description   | Rate               |
|----------------|--|--------------------|
|                | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR   |                    |
| 25263          | WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE  | \$210.00           |
|                | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR   |                    |
|                | WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES  |                    |
| 25265          | OBTAINING GRAFT),  | \$261.59           |
|                |  |                    |
|                | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR   |                    |
| 25270          | WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE  | \$134.40           |
|                |  |                    |
| 05050          | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR   |                    |
| 25272          | WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE  | \$168.00           |
|                | REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH  |                    |
| 05074          | TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM   | 4000 44            |
| 25274          | AND/OR WR  | \$333.41           |
|                | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR  |                    |
| 05075          | WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG,                                       | <b>4050.77</b>     |
| 25275          | FOR EXE  | \$353.77           |
|                | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR  |                    |
| 05000          |  | Ф1 4O OO           |
| 25280          | TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, | \$142.80           |
| 25290          | FOREARM AND/OR WRIST, SINGLE, EACH TENDON  | <b>#106.00</b>     |
| 25290          | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM  | \$126.00           |
| 25295          | AND/OR WRIST, SINGLE, EACH TENDON  | Ф100 00            |
| 25295          | COMPLETE GLOSSECTOMY   | \$180.00<br>\$0.00 |
| 25300          | TENODESIS AT WRIST; FLEXORS OF FINGERS   | \$277.20           |
| 25300          | TENODESIS AT WRIST; TEXTENSORS OF FINGERS  | \$277.20           |
| 23001          | TENOBESIS AT WITIST, EXTENSISTING OF THINGERS  | ΨΕΤΤ.ΕΟ            |
|                | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR  |                    |
| 25310          | EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  | \$277.20           |
| 20010          | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR  | Ψ277.20            |
|                | EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON  |                    |
| 25312          | GRAFT(S) (IN   | \$352.80           |
|                | FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM  | <del>V</del>       |
| 25315          | AND/OR WRIST;  | \$300.00           |
|                | FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM  | ·                  |
| 25316          | AND/OR WRIST; WITH TENDON(S) TRANSFER  | \$277.20           |
|                | CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY,  |                    |
|                | WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE,   |                    |
| 25320          | TENDON INSE  | \$398.97           |
|                |  |                    |
|                | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION,  |                    |
| 25332          | WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION  | \$378.00           |
|                | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB   |                    |
| 25335          | HAND)  | \$378.00           |
|                | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL  |                    |
|                | ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT   |                    |
| 25337          | TISSUE   | \$395.26           |
| 25350          | OSTEOTOMY, RADIUS; DISTAL THIRD  | \$252.00           |
| 25355          | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD  | \$252.00           |
| 25360          | OSTEOTOMY; ULNA  | \$126.00           |

| Procedure Code | Procedure Code Description   | Rate                 |
|----------------|--|----------------------|
| 25365          | OSTEOTOMY; RADIUS AND ULNA   | \$126.00             |
|                | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON  |                      |
|                | INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS  |                      |
| 25370          | OR ULNA  | \$126.00             |
|                | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON  |                      |
|                | INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS  |                      |
| 25375          | AND ULNA   | \$126.00             |
| 25390          | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING  | \$419.61             |
|                | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH  |                      |
| 25391          | AUTOGRAFT  | \$504.00             |
|                | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING  |                      |
| 25392          | 64876)   | \$462.00             |
| 05000          | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH   |                      |
| 25393          | AUTOGRAFT  | \$504.00             |
| 25394          | OSTEOPLASTY, CARPAL BONE, SHORTENING   | \$412.39             |
| 254            | RADICAL GLOSSECTOMY  | \$0.00               |
| 05.400         | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA;  | 401000               |
| 25400          | WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)  | \$316.60             |
|                | DEDAID OF MONUMION OF MALLINION DADILIC OF LILMA, WITH   |                      |
| 05405          | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH   | <b>4070 F0</b>       |
| 25405          | ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)  | \$378.58             |
| 05415          | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA;   | <b>#004.00</b>       |
| 25415          | WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)  | \$394.80             |
|                | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA;   |                      |
| 05400          | WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING  | Ф <b>Г</b> 4 Г О 4   |
| 25420<br>25425 | GRAFT) REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA   | \$515.24             |
| 25425          | REPAIR OF DEFECT WITH AUTOGRAFT, RADIUS ON OLINA  REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA | \$494.59<br>\$528.97 |
| 23426          | INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG,  | φυ20.97              |
| 25430          | HARII PROCEDURE)   | \$363.88             |
| 23430          | REPAIR OF NONUNION OF CARPAL BONE (EXCLUDONG   | φ303.00              |
|                | CARPAL SCAPHOID (NAVICULAR)(INCLUDES OBTAINING   |                      |
| 25431          | GRAFT), EACH BONE  | \$359.55             |
| 20701          | REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH  | ψυυσ.υυ              |
|                | OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING  |                      |
| 25440          | GRAFT  | \$383.99             |
|                | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL   | Ψ000.00              |
| 25441          | RADIUS   | \$378.00             |
|                | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL   | +=. 5.00             |
| 25442          | ULNA   | \$378.00             |
|                | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT;  | 7                    |
| 25443          | SCAPHOID (NAVICULAR)   | \$302.54             |
|                | ,  |                      |
| 25444          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE   | \$302.54             |
|                | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT;  |                      |
| 25445          | TRAPEZIUM  | \$391.97             |
|                | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL   | · -                  |
| 25446          | RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")  | \$378.00             |
|                | ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR  | -                    |
| 25447          | CARPOMETACARPAL JOINTS   | \$322.40             |
|                |  |                      |

| Procedure Code | Procedure Code Description  | Rate            |
|----------------|---|-----------------|
|                | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF  |                 |
| 25449          | IMPLANT, WRIST JOINT  | \$339.22        |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                                      |                 |
| 25450          | DISTAL RADIUS OR ULNA   | \$175.00        |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                                      |                 |
| 25455          | DISTAL RADIUS AND ULNA  | \$237.82        |
|                |   |                 |
| 05.400         | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR                                  | <b>4.00.00</b>  |
| 25490          | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS                                    | \$400.00        |
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR                                  |                 |
| 25491          | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA                                      | <b>0414.0</b> E |
| 20491          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR                                  | \$414.85        |
|                | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS                                    |                 |
| 25492          | AND UL  | \$492.78        |
| 255            | REPAIR OF TONGUE AND GLOSSOPLASTY   | \$0.00          |
| 200            | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT                                    | ψ0.00           |
| 25500          | MANIPULATION  | \$75.60         |
| 20000          | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH                                       | φ/ 0.00         |
| 25505          | MANIPULATION  | \$151.20        |
| 2551           | SUTURE OF LACERATION OF TONGUE  | \$0.00          |
|                | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR                                      | ψο.σσ           |
| 25515          | WITHOUT INTERNAL OR EXTERNAL FIXATION   | \$294.00        |
|                | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH                                       | T               |
|                | DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI                                      |                 |
| 25520          | FRACTURE/DISL   | \$263.99        |
|                | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH   |                 |
|                | INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED   |                 |
| 25525          | TREATMENT OF DISLO  | \$394.80        |
|                | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH   |                 |
|                | INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN   |                 |
| 25526          | TREATMENT, WITH OR W  | \$394.80        |
|                | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT                                     |                 |
| 25530          | MANIPULATION  | \$48.36         |
| 05505          | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH  | <b>#140.00</b>  |
| 25535          | MANIPULATION  | \$142.80        |
| 05545          | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | <b>\$000.40</b> |
| 25545          | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT  | \$260.40        |
| 25560          | FRACTURES; WITHOUT MANIPULATION   | \$101.14        |
| 25500          | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT  | φ101.14         |
| 25565          | FRACTURES: WITH MANIPULATION  | \$218.40        |
|                | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT  | ψ= . σ ι σ      |
|                | FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF                                     |                 |
| 25574          | RADIUS OR ULNA  | \$381.43        |
|                | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT  | <u> </u>        |
|                | FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF                                     |                 |
| 25575          | RADIUS AND ULNA   | \$394.80        |
| 2559           | OTHER REPAIR AND PLASTIC OPERATIONS ON TONGUE   | \$0.00          |
|                |   |                 |

| Procedure Code | Procedure Code Description                           | Rate      |
|----------------|--|-----------|
|                | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG,      |           |
|                | COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH |           |
| 25600          | OR WITHOU  | \$63.60   |
|                | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG,      |           |
|                | COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH |           |
| 25605          | OR WITHOU  | \$151.20  |
|                | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL      |           |
| 25606          | FRACTURE OR EPIPHYSEAL SEPERATION                    | \$332.51  |
|                | OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR      |           |
|                | FRACTURE OR EPIPHYSEAL SEPERATION, WITH INTERNAL     |           |
| 25607          | FIXATION   | \$370.90  |
|                | OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR      |           |
|                | FRACTURE OR EPIPHYSEAL SEPERATION; WITH INTERNAL     |           |
| 25608          | FIXATION OF 2  | \$424.77  |
|                | OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR      |           |
|                | FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL     |           |
| 25609          | FIXATION OF 3  | \$542.21  |
|                | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR)      | ψο :=:=:  |
| 25622          | FRACTURE; WITHOUT MANIPULATION                       | \$67.20   |
|                | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR)      | φο,ο      |
| 25624          | FRACTURE; WITH MANIPULATION                          | \$142.80  |
| 20021          | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR)        | Ψ1-12.00  |
|                | FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL       |           |
| 25628          | FIXATION   | \$294.00  |
| 23020          | CLOSED TREATMENT OF CARPAL BONE FRACTURE             | Ψ294.00   |
|                | (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT     |           |
| 25630          | MANIPULATION, EACH B                                 | \$109.19  |
| 20000          | CLOSED TREATMENT OF CARPAL BONE FRACTURE             | ψ100.10   |
|                | (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH        |           |
| 25635          | MANIPULATION, EACH BONE                              | \$109.20  |
| 23003          | OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING    | ψ103.20   |
| 25645          | CARPAL SCAPHOID (NAVICULAR)), EACH BONE              | \$252.00  |
| 25650          | CLOSED TREATMENT OF ULNAR STYLOID FRACTURE           | \$75.60   |
| 23030          | PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID      | Ψ10.00    |
| 25651          | FRACTURE   | \$216.31  |
| 25652          | OPEN TREATMENT OF ULNAR STYLOID FRACTURE             | \$319.30  |
| 20002          | CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL       | ψυ ι σ.υυ |
| 25660          | DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION    | \$100.80  |
| 25000          | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL         | ψ100.00   |
| 25670          | DISLOCATION, ONE OR MORE BONES                       | \$260.40  |
| 23070          | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR  | Ψ200.40   |
| 25671          | DISLOCATION  | \$263.57  |
| 25071          | CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION    | φ203.37   |
| 25675          | WITH MANIPULATION                                    | \$100.80  |
| 23013          | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION,     | φ100.00   |
| 25676          | ACUTE OR CHRONIC                                     | \$260.40  |
| 23070          | CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF    | φ200.40   |
| 25680          | FRACTURE DISLOCATION, WITH MANIPULATION              | ¢140 00   |
| 23000          | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF      | \$142.80  |
| 25685          | FRACTURE DISLOCATION                                 | ¢204.00   |
| 20000          | FRACTURE DISLOCATION                                 | \$294.00  |

| 25690   MANIPULATION   \$67.20  | Procedure Code | Procedure Code Description                           | Rate     |
|---|----------------|--|----------|
| 25695   OPEN TREATMENT OF LUNATE DISLOCATION   \$168.00   |                | CLOSED TREATMENT OF LUNATE DISLOCATION, WITH         |          |
| ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOME  ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT (INCL  ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)  SE25820  ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT  25830  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT  2590  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; 25900  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; 25901  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; 25907  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; 25909  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; 25915  KRUKENBERG PROCEDURE  2592  LINGUAL FENECTOMY  30.00  25916  DISARTICULATION THROUGH WRIST; 30.00  DISARTICULATION THROUGH WRIST; 30.00  TRANSMETACARPAL AMPUTATION; 373.20  TRANSMETACARPAL AMPUTATION; 373.20  TRANSMETACARPAL AMPUTATION; 380.00  25929  TRANSMETACARPAL AMPUTATION; 380.00  25931  TRANSMETACARPAL AMPUTATION; 380.00  380.00  380.00  DRAINAGE OF                                 |                |  |          |
| CINCLUDES RADIOCARPAL AND/OR   \$420.00   | 25695          |  | \$168.00 |
| 25800   |                | ,              |          |
| ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT \$420.00  |                | (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR      |          |
| 25805   | 25800          | CARPOME  | \$420.00 |
| ARTHRODESIS, WRIST JOINT (INČLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL S420.00  ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL) \$324.85  INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) \$298.57  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT \$395.26  2593  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT \$395.26  2590  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$220.76  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$220.76  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE) \$199.78  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$259.78  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$259.79  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION FOREARM, THROUGH RADIUS AND ULNA; \$205.49  25909  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION \$205.49  25911  LINGUAL FRENOTOMY \$0.00  25915  KRUKENBERG PROCEDURE \$246.40  25922  LINGUAL FRENECTOMY \$0.00  25920  DISARTICULATION THROUGH WRIST; \$252.00  DISARTICULATION THROUGH WRIST; \$252.00  DISARTICULATION THROUGH WRIST; \$252.00  25924  DISARTICULATION THROUGH WRIST; \$250.00  25927  TRANSMETACARPAL AMPUTATION; \$200.00  25929  TRANSMETACARPAL AMPUTATION; \$200.00  25931  TRANSMETACARPAL AMPUTATION; \$200.62  2594  OTHER  3000  25999  UNLISTED PROCEDURE, FOREARM OR WRIST  3000  25999  UNLISTED PROCEDURE, FOREARM OR WRIST  3000  2500  DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON))  \$80.00  DRAINAGE OF FINGER ABSCESS; SIMPLE  \$250.00  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA  \$126.00  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA  \$126.00  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA  \$10CISION, BONE CORTEX, HAND OR FINGER (EG,   |                | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL      |          |
| AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)  \$324.85  INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  \$298.57  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT RESECTION, FOULNA, WITH OR WITHOUT BONE GRAFT RESECTION, FOREARM, THROUGH RADIUS AND ULNA; AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; CIRCULAR (GUILLOTINE)  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION SECONDARY CLOSURE OR SCAR REVISION RESECTION RESECTION OF URBAN, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION RESECTION OF SCAR REVISION RESECTION OF AMPUTATION FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION SECONDARY CLOSURE OR SCAR REVISION SECONDARY CLOSURE OR SCAR REVISION SECONDARY SECONDARY SECONDARY CLOSURE OR SCAR REVISION SECONDARY SECON                              | 25805          | AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT        | \$420.00 |
| 25810   |                | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL      |          |
| ARTHRODESIS, WRIST; LIMITED, WİTHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)  S324.85  INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT \$3.95.26  ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT \$3.95.26  OTHER OPERATIONS ON TONGUE \$0.00  25900 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$2.07.6  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION \$55.82  AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION \$2.00.00  25915 LINGUAL FRENOTOMY \$0.00  25916 LINGUAL FRENOTOMY \$0.00  25921 DISARTICULATION THROUGH WRIST; \$2.00  DISARTICULATION THROUGH WRIST; \$2.00  DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION \$73.20  25922 DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION \$73.20  25924 DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION \$90.00  25925 TRANSMETACARPAL AMPUTATION; \$2.10.00  TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION \$90.00  25926 SCAR REVISION \$90.00  25927 TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION \$90.00  25929 CONTINUE \$0.00  25930 LYSIS OF ADHESIONS OF TONGUE \$0.00  25931 TRANSMETACARPAL AMPUTATION; RE-AMPUTATION \$240.62  25940 OTHER \$0.00  25991 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00  25999 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00  26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  INCISION, BONE CORTEX, HAND OR FINGER (EG,   |                | AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER       |          |
| 25820   INTERCARPAL OR RADIOCARPAL   \$324.85     INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)   \$298.57     ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT   \$395.26     2590   OTHER OPERATIONS ON TONGUE   \$0.00     25900   AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;   \$220.76     AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)   \$199.78     AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION   \$55.82     AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION   \$205.49     25910   AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION   \$205.49     25911   LINGUAL FRENOTOMY   \$0.00     25915   KRUKENBERG PROCEDURE   \$246.40     25922   LINGUAL FRENOTOMY   \$0.00     25915   KRUKENBERG PROCEDURE   \$246.40     25920   DISARTICULATION THROUGH WRIST; \$252.00     DISARTICULATION THROUGH WRIST; \$252.00     DISARTICULATION THROUGH WRIST; \$252.00     25924   DISARTICULATION THROUGH WRIST; RE-AMPUTATION   \$90.00     25927   TRANSMETACARPAL AMPUTATION; \$210.00     TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION   \$90.00     25931   TRANSMETACARPAL AMPUTATION; BEAMPUTATION   \$210.00     25932   LYSIS OF ADHESIONS OF TONGUE   \$0.00     25933   LYSIS OF ADHESIONS OF TONGUE   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00     25931   TRANSMETACARPAL AMPUTATION; RE-AMPUTATION   \$240.62     25940   OTHER GLOSSOTOMY   \$0.00 | 25810          |  | \$420.00 |
| INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)   \$298.57  |                | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, |          |
| 25825   | 25820          | INTERCARPAL OR RADIOCARPAL)                          | \$324.85 |
| ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT 259 OTHER OPERATIONS ON TONGUE 3,0,00 25900 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$220.76 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$220.76 CIRCULAR (GUILLOTINE) 3,199.78 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$55.82 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$25907 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; \$55.82 AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION SECONDARY CLOSURE OR SCAR REVISION 25910 LINGUAL FRENOTOMY 25911 LINGUAL FRENOTOMY 25912 LINGUAL FRENOTOMY 25922 LINGUAL FRENOTOMY 25920 DISARTICULATION THROUGH WRIST; \$252.00 DISARTICULATION THROUGH WRIST; \$252.00 DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION 25924 DISARTICULATION THROUGH WRIST; RE-AMPUTATION 25925927 TRANSMETACARPAL AMPUTATION; \$210.00 TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR 25929 SCAR REVISION 25930 LYSIS OF ADHESIONS OF TONGUE 35931 TRANSMETACARPAL AMPUTATION; RE-AMPUTATION 25931 TRA                        |                | INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES         |          |
| 25830         RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT         \$395.26           259         OTHER OPERATIONS ON TONGUE         \$0.00           25900         AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$220.76           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)         \$199.78           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$55.82           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$25907           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$25909           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$205.49           25909         AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;           2591         LINGUAL FRENOTOMY         \$0.00           2591         LINGUAL FRENOCTOMY         \$0.00           2592         LINGUAL FRENOCTOMY         \$0.00           2592         DISARTICULATION THROUGH WRIST;         \$252.00           DISARTICULATION THROUGH WRIST;         \$252.00           25922         DISARTICULATION THROUGH WRIST;         \$252.00           25924         DISARTICULATION THROUGH WRIST;         \$20.00           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           25929         SCAR REVISION         \$90.00           25931         TRANSMETACARPAL AMPUTATIO  | 25825          | OBTAINING GRAFT)                                     | \$298.57 |
| 25830         RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT         \$395.26           259         OTHER OPERATIONS ON TONGUE         \$0.00           25900         AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$220.76           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)         \$199.78           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$55.82           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$25907           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$25909           AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;         \$205.49           25909         AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;           2591         LINGUAL FRENOTOMY         \$0.00           2591         LINGUAL FRENOCTOMY         \$0.00           2592         LINGUAL FRENOCTOMY         \$0.00           2592         DISARTICULATION THROUGH WRIST;         \$252.00           DISARTICULATION THROUGH WRIST;         \$252.00           25922         DISARTICULATION THROUGH WRIST;         \$252.00           25924         DISARTICULATION THROUGH WRIST;         \$20.00           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           25929         SCAR REVISION         \$90.00           25931         TRANSMETACARPAL AMPUTATIO  |                |  |          |
| 259   |                | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL  |          |
| 25900   | 25830          | RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT        | \$395.26 |
| AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)   \$199.78  | 259            | OTHER OPERATIONS ON TONGUE                           | \$0.00   |
| AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)   \$199.78  | 25900          | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;        | \$220.76 |
| AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION   \$55.82  |                | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN,  |          |
| AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION   \$55.82  | 25905          | CIRCULAR (GUILLOTINE)                                | \$199.78 |
| AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE- AMPUTATION \$205.49  2591 LINGUAL FRENOTOMY \$0.00  25915 KRUKENBERG PROCEDURE \$246.40  2592 LINGUAL FRENECTOMY \$0.00  25920 DISARTICULATION THROUGH WRIST; \$252.00  DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION \$90.00  25924 DISARTICULATION THROUGH WRIST; RE-AMPUTATION \$73.20  25927 TRANSMETACARPAL AMPUTATION; \$210.00  TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION \$90.00  2593 LYSIS OF ADHESIONS OF TONGUE \$0.00  2593 LYSIS OF ADHESIONS OF TONGUE \$0.00  25931 TRANSMETACARPAL AMPUTATION; RE-AMPUTATION \$240.62  2594 OTHER GLOSSOTOMY \$0.00  2599 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00  2599 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00  260 INCISION OF SALIVARY GLAND OR DUCT \$0.00  2601 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26020 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  26020 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00  INCISION, BONE CORTEX, HAND OR FINGER (EG,   |                | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;        | ·        |
| AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE- AMPUTATION \$205.49  2591 LINGUAL FRENOTOMY \$0.00  25915 KRUKENBERG PROCEDURE \$246.40  2592 LINGUAL FRENECTOMY \$0.00  25920 DISARTICULATION THROUGH WRIST; \$252.00  25922 OR SCAR REVISION \$90.00  25924 DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION \$73.20  25927 TRANSMETACARPAL AMPUTATION; \$210.00  25928 CARREVISION SECONDARY CLOSURE OR SCAR REVISION \$90.00  25929 TRANSMETACARPAL AMPUTATION; \$210.00  25930 LYSIS OF ADHESIONS OF TONGUE \$0.00  25931 TRANSMETACARPAL AMPUTATION; RE-AMPUTATION \$240.62  2594 OTHER GLOSSOTOMY \$0.00  2599 OTHER \$0.00  2599 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00  2600 INCISION OF SALIVARY GLAND OR DUCT \$0.00  26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26020 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26020 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  26030 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  INCISION, BONE CORTEX, HAND OR FINGER (EG,   | 25907          |  | \$55.82  |
| 25909         AMPUTATION         \$205.49           2591         LINGUAL FRENOTOMY         \$0.00           25915         KRUKENBERG PROCEDURE         \$246.40           2592         LINGUAL FRENECTOMY         \$0.00           25920         DISARTICULATION THROUGH WRIST;         \$252.00           DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE         \$90.00           25922         OR SCAR REVISION         \$90.00           25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR         \$90.00           25929         SCAR REVISION         \$90.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER GLOSSOTOMY         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           2600         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26021         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF PALMAR BU  |                | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-    | ·        |
| LINGUAL FRENOTOMY   \$0.00  | 25909          |  | \$205.49 |
| 2592         LINGUAL FRENECTOMY         \$0.00           25920         DISARTICULATION THROUGH WRIST;         \$252.00           DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25922         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$210.00           TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25929         SCAR REVISION         \$90.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00  | 2591           | LINGUAL FRENOTOMY                                    |          |
| 2592         LINGUAL FRENECTOMY         \$0.00           25920         DISARTICULATION THROUGH WRIST;         \$252.00           DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25922         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$210.00           TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25929         SCAR REVISION         \$90.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         D  | 25915          | KRUKENBERG PROCEDURE                                 | \$246.40 |
| 25920         DISARTICULATION THROUGH WRIST;         \$252.00           25922         DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE         \$90.00           25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR         \$90.00           25929         SCAR REVISION         \$90.00           25931         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           2600         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           2601         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26030         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           1NCISION, BONE CORTEX, HAND OR FINGER (EG, </td <td>2592</td> <td>LINGUAL FRENECTOMY</td> <td></td>  | 2592           | LINGUAL FRENECTOMY                                   |          |
| 25922         OR SCAR REVISION         \$90.00           25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25929         SCAR REVISION         \$90.00           2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,  | 25920          | DISARTICULATION THROUGH WRIST;                       |          |
| 25922         OR SCAR REVISION         \$90.00           25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25929         SCAR REVISION         \$90.00           2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE     | ·        |
| 25924         DISARTICULATION THROUGH WRIST; RE-AMPUTATION         \$73.20           25927         TRANSMETACARPAL AMPUTATION;         \$210.00           TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           25929         SCAR REVISION         \$90.00           2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,   | 25922          | ·  | \$90.00  |
| TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           2600         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,         \$210.00   |                | DISARTICULATION THROUGH WRIST; RE-AMPUTATION         |          |
| TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION         \$90.00           2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,   | 25927          | TRANSMETACARPAL AMPUTATION;                          | \$210.00 |
| 25929         SCAR REVISION         \$90.00           2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR     | ·        |
| 2593         LYSIS OF ADHESIONS OF TONGUE         \$0.00           25931         TRANSMETACARPAL AMPUTATION; RE-AMPUTATION         \$240.62           2594         OTHER GLOSSOTOMY         \$0.00           2599         OTHER         \$0.00           25999         UNLISTED PROCEDURE, FOREARM OR WRIST         \$0.00           260         INCISION OF SALIVARY GLAND OR DUCT         \$0.00           26010         DRAINAGE OF FINGER ABSCESS; SIMPLE         \$25.20           26011         DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)         \$58.80           26020         DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH         \$75.60           26025         DRAINAGE OF PALMAR BURSA; SINGLE, BURSA         \$126.00           26030         DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA         \$210.00           INCISION, BONE CORTEX, HAND OR FINGER (EG,  | 25929          |  | \$90.00  |
| 2594 OTHER GLOSSOTOMY \$0.00 25999 OTHER \$0.00 25999 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00 2600 INCISION OF SALIVARY GLAND OR DUCT \$0.00 26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20 26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80 26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,  | 2593           | LYSIS OF ADHESIONS OF TONGUE                         |          |
| 2594 OTHER GLOSSOTOMY \$0.00 25999 OTHER \$0.00 25999 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00 2600 INCISION OF SALIVARY GLAND OR DUCT \$0.00 26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20 26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80 26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,  | 25931          | TRANSMETACARPAL AMPUTATION; RE-AMPUTATION            | \$240.62 |
| 25999 UNLISTED PROCEDURE, FOREARM OR WRIST \$0.00 2600 INCISION OF SALIVARY GLAND OR DUCT \$0.00 26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,  | 2594           |  |          |
| 25999 UNLISTED PROCEDURE, FOREARM OR WRIST 260 INCISION OF SALIVARY GLAND OR DUCT \$0.00 26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,  | 2599           |  |          |
| 260 INCISION OF SALIVARY GLAND OR DUCT \$0.00 26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,   |                | UNLISTED PROCEDURE, FOREARM OR WRIST                 |          |
| 26010 DRAINAGE OF FINGER ABSCESS; SIMPLE \$25.20  26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60  26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00  INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                | ,  |          |
| 26011 DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) \$58.80  26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60  26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00  26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00  INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                | DRAINAGE OF FINGER ABSCESS; SIMPLE                   |          |
| 26020 DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH \$75.60 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                | ,  |          |
| 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,   | 26011          | DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)  | \$58.80  |
| 26025 DRAINAGE OF PALMAR BURSA; SINGLE, BURSA \$126.00 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,   | 26020          | DRAINAGE OF TENDON SHEATH DIGIT AND/OR DALM EACH     | \$75 GO  |
| 26030 DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA \$210.00 INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                |  |          |
| INCISION, BONE CORTEX, HAND OR FINGER (EG,  |                | ·  |          |
|   | 20000          | ·  | φ210.00  |
| Ι = 2000.   Ψ120.00   | 26034          | OSTEOMYELITIS OR BONE ABSCESS)                       | \$126.00 |

| Procedure Code | Procedure Code Description                           | Rate   |
|----------------|--|--|
|                | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY  |  |
| 26035          | (EG, GREASE GUN)                                     | \$298.42   |
| 26037          | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)      | \$293.09   |
|                | FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE);    |  |
| 26040          | PERCUTANEOUS   | \$75.60  |
|                | FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE;     |  |
| 26045          | OPEN, PARTIAL  | \$75.60  |
| 26055          | TENDON SHEATH INCISION FOR TRIGGER FINGER            | \$135.81   |
| 26060          | TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT           | \$25.20  |
|                | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL   |  |
| 26070          | OF FOREIGN BODY; CARPOMETACARPAL JOINT               | \$136.02   |
|                | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL   | •  |
|                | OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL        |  |
| 26075          | JOINT, EACH  | \$144.56   |
|                | ARTHROTOMY, FOR INFECTION, WITH EXPLORATION,         | ·  |
|                | DRAINAGE OR REMOVAL OF FOREIGN BODY;                 |  |
| 26080          | INTERPHALANGEAL JOINT, EACH                          | \$93.83  |
|                | ,  | ,  |
| 261            | DIAGNOSTIC PROCEDURES ON SALIVARY GLANDS AND DUCTS   | \$0.00   |
|                | ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT,       | <del></del>                                      |
| 26100          | EACH   | \$145.18   |
|                | ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT,   | ψσσ  |
| 26105          | EACH   | \$144.56   |
| 2611           | CLOSED [NEEDLE] BIOPSY OF SALIVARY GLAND OR DUCT     | \$0.00   |
|                | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL      | φοισσ  |
| 26110          | JOINT, EACH  | \$93.83  |
|                | EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR    | <del>+</del> + + + + + + + + + + + + + + + + + + |
| 26115          | FINGER; SUBCUTANEOUS                                 | \$50.40  |
|                | EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR    | , , , , , , , , , , , , , , , , , , ,            |
| 26116          | FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR              | \$50.40  |
|                | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), | *  |
| 26117          | SOFT TISSUE OF HAND OR FINGER                        | \$295.21   |
| -              | FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY,    |  |
|                | OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING   |  |
| 26121          | (INCLUDES  | \$392.80   |
|                | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE   | •  |
|                | DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH |  |
| 26123          | OR WIT   | \$405.60   |
|                | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE   | ,  |
|                | DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH |  |
| 26125          | OR WIT   | \$136.80   |
| 26130          | SYNOVECTOMY, CARPOMETACARPAL JOINT                   | \$228.90   |
|                | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING     | ,  |
|                | INTRINSIC RELEASE AND EXTENSOR HOOD                  |  |
| 26135          | RECONSTRUCTION, EACH DIGI                            | \$257.38   |
|                | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT,         |  |
|                | INCLUDING EXTENSOR RECONSTRUCTION, EACH              |  |
| 26140          | INTERPHALANGEAL JOINT                                | \$142.80   |
|                | SYNOVECTOMY, TENDON SHEATH, RADICAL                  | Ţ:. <u>=.</u>                                    |
|                | (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR        |  |
| 26145          | FINGER, EACH TENDON                                  | \$100.80   |
|                |  | φ.00.00  |

| Procedure Code | Procedure Code Description   | Rate            |
|----------------|--|-----------------|
|                |  |                 |
|                | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG,  |                 |
| 26160          | CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER  | \$84.00         |
|                | EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE   |                 |
| 26170          | PROCEDURE), EACH   | \$114.30        |
|                | EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE   |                 |
| 26180          | PROCEDURE), EACH TENDON  | \$110.02        |
|                | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE  |                 |
| 26185          | PROCEDURE)   | \$199.18        |
|                | OTHER DIAGNOSTIC PROCEDURES ON SALIVARY GLANDS AND   |                 |
| 2619           | DUCTS  | \$0.00          |
| 262            | EXCISION OF LESION OF SALIVARY GLAND   | \$0.00          |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR   |                 |
| 26200          | OF METACARPAL;   | \$142.80        |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR   |                 |
|                | OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING  |                 |
| 26205          | GRAFT)   | \$392.00        |
| 2621           | MARSUPIALIZATION OF SALIVARY GLAND CYST  | \$0.00          |
|                |  |                 |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR   |                 |
| 26210          | OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;   | \$142.80        |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR   |                 |
|                | OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH  |                 |
| 26215          | AUTOG  | \$392.00        |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR   |                 |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);  | *               |
| 26230          | METACARPAL ALIGNATION OF THE PROPERTY OF THE P | \$142.80        |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR   |                 |
| 22225          | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);  | <b>44.40.00</b> |
| 26235          | PROXIMAL OR  | \$142.80        |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR   |                 |
| 00000          | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);  | <b>#</b> 440.00 |
| 26236          | DISTAL PHAL  | \$142.80        |
| 26250          | RADICAL RESECTION, METACARPAL; (EG, TUMOR)   | \$168.00        |
|                | RADICAL RESECTION (OSTECTOMY) FOR TUMOR,   |                 |
| 26255          | METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING   | ΦΩΕΩ ΩΩ         |
| 20200          | GRAFT)  RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF   | \$252.00        |
| 26260          | FINGER (EG, TUMOR);  | \$168.00        |
| 20200          | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL  | φ100.00         |
|                | OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT  |                 |
| 26261          | (INCLUDES OBTAIN   | \$252.00        |
| 20201          | RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG,   | φ202.00         |
| 26262          | TUMOR)   | \$168.00        |
| 2629           | OTHER EXCISION OF SALIVARY GLAND LESION  | \$0.00          |
| 2630           | SIALOADENECTOMY, NOT OTHERWISE SPECIFIED   | \$0.00          |
| 2631           | PARTIAL SIALOADENECTOMY  | \$0.00          |
| 2632           | COMPLETE SIALOADENECTOMY   | \$0.00          |
| 26320          | REMOVAL OF IMPLANT FROM FINGER OR HAND   | \$84.00         |
| 20020          | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH   | ψυ-7.00         |
| 26340          | JOINT  | \$151.70        |
| 20040          | OCHVI  | ψ131.70         |

| Procedure Code | Procedure Code Description                           | Rate             |
|----------------|--|------------------|
|                | REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL |                  |
|                | FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY           |                  |
| 26350          | WITHOUT FREE   | \$216.52         |
|                | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN  |                  |
|                | "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES |                  |
| 26352          | OBT  | \$222.79         |
|                | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL     |                  |
| 26356          | FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON           | \$174.68         |
|                | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO  |                  |
| 26357          | MAN'S LAND"; SECONDARY, EACH TENDON                  | \$313.24         |
|                | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO  |                  |
|                | MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES     |                  |
| 26358          | OBTAINI  | \$158.24         |
|                | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH      |                  |
| 26370          | INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON    | \$175.37         |
|                | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH      |                  |
|                | INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE     |                  |
| 26372          | GRAFT, EACH  | \$112.40         |
|                | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH      |                  |
|                | INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE  |                  |
| 26373          | GRAFT,EACH   | \$274.38         |
|                | EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC   |                  |
|                | ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH   |                  |
| 26390          | TENDON   | \$193.14         |
|                | REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR    |                  |
|                | TENDON GRAFT, HAND OR FINGER,(INCLUDES OBTIANING     |                  |
| 26392          | GRAFT) EACH  | \$303.60         |
| 264            | REPAIR OF SALIVARY GLAND OR DUCT                     | \$0.00           |
| 2641           | SUTURE OF LACERATION OF SALIVARY GLAND               | \$0.00           |
|                | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR            |                  |
| 26410          | SECONDARY; WITHOUT FREE GRAFT, EACH TENDON           | \$134.40         |
|                | EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE,      |                  |
|                | PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES      |                  |
| 26412          | OBTAINING GRAF                                       | \$224.00         |
|                | EXCISION OF EXTENSOR TENDON, IMPLANTATION OF         |                  |
|                | PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR     |                  |
| 26415          | FINGER   | \$318.13         |
| 20112          | REMOVAL OF PROSTHETIC ROD AND INSERTION OF           |                  |
| 26416          | EXTENSOR TENDON GRAFT (INCLUDES                      | \$303.60         |
| 00440          | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR          | <b>440440</b>    |
| 26418          | SECONDARY; WITHOUT FREE GRAFT, EACH TENDON           | \$134.40         |
| 2642           | CLOSURE OF SALIVARY FISTULA                          | \$0.00           |
|                | EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE,    |                  |
| 00.400         | PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES      | <b>#</b> 000 00  |
| 26420          | OBTAINING GR   | \$268.80         |
|                | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY   |                  |
| 00.400         | (EG,BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S),   | <b>#</b> 4.00.00 |
| 26426          | INCLUD   | \$168.00         |
|                | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY;  |                  |
| 00.400         | WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH     | <b>4070</b> 04   |
| 26428          | TENDON   | \$278.64         |

| Procedure Code | Procedure Code Description                              | Rate            |
|----------------|---|-----------------|
|                | CLOSED TREATMENT OF DISTAL EXTENSOR TENDON              |                 |
|                | INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG,    |                 |
| 26432          | MALLET FINGER   | \$134.40        |
|                |   |                 |
|                | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY    |                 |
| 26433          | OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)         | \$134.40        |
|                | EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET       |                 |
|                | FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH       |                 |
| 26434          | FREE GRA  | \$241.28        |
| 26437          | REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON       | \$168.00        |
| 20407          | TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH          | ψ100.00         |
| 26440          | TENDON TENDON   | \$142.80        |
| 20110          | TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER,      | Ψ1-42.00        |
| 26442          | EACH TENDON   | \$142.80        |
| 20112          | TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH        | Ψ1-12.00        |
| 26445          | TENDON  | \$142.80        |
|                | TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER,            | ψ1.12.00        |
| 26449          | INCLUDING FOREARM, EACH TENDON                          | \$142.80        |
| 26450          | TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON               | \$126.00        |
| 26455          | TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON             | \$58.80         |
|                | TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH          | ψου.σο          |
| 26460          | TENDON  | \$111.87        |
|                | TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH      | ψ <b>σ</b> .    |
| 26471          | JOINT   | \$126.00        |
| 26474          | TENODESIS; OF DISTAL JOINT, EACH JOINT                  | \$126.00        |
|                | LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER,        | •               |
| 26476          | EACH TENDON   | \$171.93        |
|                | SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER,         |                 |
| 26477          | EACH TENDON   | \$176.40        |
|                | LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH     |                 |
| 26478          | TENDON  | \$176.40        |
|                | SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH      |                 |
| 26479          | TENDON  | \$176.40        |
|                | TRANSFER OR TRANSPLANT OF TENDON,                       |                 |
|                | CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT         |                 |
| 26480          | FREE GRAFT, EACH TENDON                                 | \$277.20        |
|                | TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL          |                 |
|                | AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON        |                 |
| 26483          | GRAFT (INCLUDE  | \$279.60        |
|                | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT       | <b>.</b>        |
| 26485          | FREE TENDON GRAFT, EACH TENDON                          | \$279.60        |
|                | TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH     |                 |
| 00.400         | TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING      | <b>4074 00</b>  |
| 26489          | GRAFT),   | \$271.83        |
| 0040           | OTHER REPAIR AND PLASTIC OPERATIONS ON SALIVARY         | Φ0.00           |
| 2649           | GLAND OR DUCT   | \$0.00          |
| 06400          | OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSER TYPE,      | <b>ФОТ</b> О СО |
| 26490          | EACH TENDON  OPPONENCE ACTV: TENDON TRANSFER WITH CRAFT | \$279.60        |
| 06400          | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT              | <u> </u>        |
| 26492          | (INCLUDES OBTAINING GRAFT) EACH TENDON                  | \$279.60        |

| Procedure Code | Procedure Code Description                           | Rate            |
|----------------|--|-----------------|
| 26494          | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER           | \$279.60        |
| 26496          | OPPONENSPLASTY; OTHER METHODS                        | \$279.60        |
|                | TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION;    |                 |
| 26497          | RING AND SMALL FINGER                                | \$279.60        |
|                | TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL   |                 |
| 26498          | FOUR FINGERS   | \$447.60        |
| 26499          | CORRECTION CLAW FINGER, OTHER METHODS                | \$365.53        |
| 00500          | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH   | <b></b>         |
| 26500          | LOCAL TISSUES (SEPARATE PROCEDURE)                   | \$124.69        |
|                | TENDON PULLEY RECONSTRUCTION; WITH TENDON OR         |                 |
| 00500          | FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE   | <b>#151.00</b>  |
| 26502          | PROCEDURE)   | \$151.28        |
| 26508          | RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)  | \$143.74        |
| 26510          | CROSS INTRINSIC TRANSFER                             | \$205.78        |
| 20010          | CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE      | Ψ203.70         |
| 26516          | DIGIT  | \$187.94        |
| 26517          | CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS | \$325.46        |
|                | CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR   | Ţ==0.1 <b>0</b> |
| 26518          | FOUR DIGITS  | \$338.29        |
|                | CAPSULECTOMY OR CAPSULOTOMY;                         | •               |
| 26520          | METACARPOPHALANGEAL JOINT, EACH JOINT                | \$192.14        |
|                | CAPSULECTOMY OR CAPSULOTOMY;INTERPHALGEAL JOINT,     |                 |
| 26525          | EACH JOINT   | \$185.41        |
|                | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH        |                 |
| 26530          | JOINT  | \$168.00        |
|                | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH        |                 |
| 26531          | PROSTHETIC IMPLANT, EACH JOINT                       | \$182.40        |
| 26535          | ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT       | \$168.00        |
| 00500          | ARTHROPLASTY INTERPHALANGEAL JOINT; WITH             | <b>4040.40</b>  |
| 26536          | PROSTHETIC IMPLANT, EACH JOINT                       | \$218.40        |
| 00540          | REPAIR OF COLLATERAL LIGAMENT,                       | <u> </u>        |
| 26540          | METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT         | \$208.12        |
|                | RECONSTRUCTION, COLLATERAL LIGAMENT,                 |                 |
| 26541          | METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR    | \$259.98        |
|                | PRIMARY REPAIR OF COLLATERAL LIGAMENT,               | ,               |
|                | METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG,    |                 |
| 26542          | ADDUCTOR ADVANCEMENT)                                | \$271.00        |
|                | RECONSTRUCTION, COLLATERAL LIGAMENT,                 | •               |
|                | INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH |                 |
| 26545          | JOINT  | \$172.67        |
|                | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES   |                 |
|                | OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR     |                 |
| 26546          | INTERNAL I   | \$370.28        |
|                | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE,      |                 |
| 26548          | INTERPHALANGEAL JOINT                                | \$299.90        |
| 26550          | POLLICIZATION OF A DIGIT                             | \$185.96        |
|                | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR             |                 |
| 00             | ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE       | <b>.</b>        |
| 26551          | GRAFT  | \$1,929.43      |

| Procedure Code | Procedure Code Description                          | Rate       |
|----------------|---|------------|
|                | TOE-TO-HAND TRANSFER WITH MICROVASCULAR             |            |
| 26553          | ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE           | \$1,916.01 |
|                | TOE-TO-HAND TRANSFER WITH MICROVASCULAR             |            |
| 26554          | ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE           | \$2,286.09 |
|                | TRNASFER, FINGER TO ANOTHER POSITION WITHOUT        |            |
| 26555          | MICROVASCULAR ANASTOMOSIS                           | \$211.26   |
|                | TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR        |            |
| 26556          | ANASTOMOSIS   | \$1,948.62 |
|                | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE;   |            |
| 26560          | WITH SKIN FLAPS                                     | \$210.00   |
|                | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE;   |            |
| 26561          | WITH SKIN FLAPS AND GRAFTS                          | \$294.00   |
|                | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE;   |            |
| 26562          | COMPLEX (EG, INVOLVING BONE, NAILS)                 | \$378.00   |
| 26565          | OSTEOTOMY METACARPAL, EACH                          | \$126.00   |
| 26567          | OSTEOTOMY; PHALANX OF FINGER, EACH                  | \$126.00   |
| 26568          | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX     | \$252.00   |
| 26580          | REPAIR CLEFT HAND                                   | \$252.00   |
|                | RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE  |            |
| 26587          | AND BONE  | \$168.00   |
| 26590          | REPAIR MACRODACTYLIA                                | \$168.00   |
| 26591          | REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE      | \$116.41   |
| 26593          | RELEASÉ, INTRINSIC MUSCLES OF HAND, EACH MUSCLE     | \$151.34   |
|                | EXCISION OF CONSTRICTING RING OF FINGER, WITH       | * -        |
| 26596          | MULTIPLE Z-PLASTIES                                 | \$379.16   |
|                | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE;    | *          |
| 26600          | WITHOUT MANIPULATION, EACH BONE                     | \$58.80    |
|                | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE;    | ,          |
| 26605          | WITH MANIPULATION, EACH BONE                        | \$84.00    |
|                | CLOSED TREATMENT OF METACARPAL FRACTURE, WITH       |            |
|                | MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION,   |            |
| 26607          | EACH BONE   | \$126.00   |
|                | PERCUTANEOUS SKELETAL FIXATION OF METACARPAL        |            |
| 26608          | FRACTURE, EACH BONE                                 | \$126.00   |
|                | OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE,      |            |
|                | WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH |            |
| 26615          | BONE  | \$159.60   |
|                | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION,    |            |
| 26641          | THUMB, WITH MANIPULATION                            | \$67.20    |
|                | CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE        |            |
|                | DISLOCATION, THUMB (BENNETT FRACTURE), WITH         |            |
| 26645          | MANIPULATION  | \$84.00    |
|                | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL   |            |
|                | FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE),     |            |
| 26650          | WITH MANIPUL  | \$84.00    |
|                | OPEN TREATMENT OF CARPOMETACARPAL FRACTURE          |            |
|                | DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR      |            |
| 26665          | WITHOUT INTERNAL OR                                 | \$159.60   |
|                | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION,    |            |
|                | OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH   |            |
| 26670          | MANIPULATIO   | \$67.20    |

| Procedure Code | Procedure Code Description                           | Rate           |
|----------------|--|----------------|
|                | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION,     |                |
|                | OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH    |                |
| 26675          | MANIPULATIO  | \$67.20        |
|                | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL    |                |
|                | DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE),    |                |
| 26676          | SINGLE, WI   | \$168.00       |
|                | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION,       |                |
|                | OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR |                |
| 26685          | WITHOUT IN   | \$168.00       |
|                | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION,       | -              |
|                | OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX,        |                |
| 26686          | MULTIPLE OR DELAY                                    | \$168.00       |
|                | CLOSED TREATMENT OF METACARPOPHALANGEAL              |                |
|                | DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT      |                |
| 26700          | ANESTHESIA   | \$33.60        |
|                | CLOSED TREATMENT OF METACARPOPHALANGEAL              | Ψσσ.σσ         |
|                | DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING    |                |
| 26705          | ANESTHESIA   | \$33.60        |
|                | PERCUTANEOUS SKELETAL FIXATION OF                    | Ψ30.00         |
|                | METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH        |                |
| 26706          | MANIPULATION   | \$67.20        |
| 20700          | OPEN TREATMENT OF METACARPOPHALANGEAL                | ψ07.20         |
|                | DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR     |                |
| 26715          | EXTERNAL FIXATION                                    | \$100.80       |
| 20710          | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE,       | ψ100.00        |
|                | PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB;         |                |
| 26720          | WITHOUT MANIPULATI                                   | \$33.60        |
| 20720          | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE,       | ψ55.00         |
|                | PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH    |                |
| 26725          | MANIPULATION,  | \$58.80        |
| 20723          | PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE           | φ30.00         |
|                | PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE        |                |
| 26727          | PHALANX, FINGER OR TH                                | \$58.80        |
| 20121          | OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE,         | φ30.00         |
|                | PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR |                |
| 26735          | WITHOUT INTE   | ¢126.00        |
| 20/33          | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING    | \$126.00       |
|                | METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL      |                |
| 26740          | JOINT; WITHO   | <b>ድ</b> ጋጋ ድር |
| 20/40          | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING    | \$33.60        |
|                | METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL      |                |
| 06740          |  | <b>ው</b> ድር ርር |
| 26742          | JOINT; WITH  | \$58.80        |
|                | OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING      |                |
| 06740          | METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL      | <b>#100.00</b> |
| 26746          | JOINT, WITH OR                                       | \$126.00       |
| 00750          | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE,      | 400.00         |
| 26750          | FINGER OR THUMB; WITHOUT MANIPULATION, EACH          | \$33.60        |
|                | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE,      | <b></b>        |
| 26755          | FINGER OR THUMB; WITH MANIPULATION, EACH             | \$58.80        |
|                | PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL  | *              |
| 26756          | FRACTURE, FINGER OR THUMB, EACH                      | \$58.80        |

| Procedure Code | Procedure Code Description                                 | Rate   |
|----------------|--|--|
|                | OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE,              |  |
|                | FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR               |  |
| 26765          | EXTERNAL FIXATION,   | \$126.00                                     |
|                | CLOSED TREATMENT OF INTERPHALANGEAL JOINT                  |  |
|                | DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT            |  |
| 26770          | ANESTHESIA   | \$33.60                                      |
|                | CLOSED TREATMENT OF INTERPHALANGEAL JOINT                  |  |
|                | DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING          |  |
| 26775          | ANESTHESIA   | \$33.60                                      |
|                |  |  |
|                | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL          |  |
| 26776          | JOINT DISLOCATION, SINGLE, WITH MANIPULATION               | \$58.80                                      |
|                | OPEN TREATMENT OF INTERPHALANGEAL JOINT                    |  |
|                | DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL          |  |
| 26785          | FIXATION, SINGLE   | \$100.80                                     |
|                | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT         |  |
| 26820          | (INCLUDES OBTAINING GRAFT)                                 | \$126.00                                     |
|                | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR         |  |
| 26841          | WITHOUT INTERNAL FIXATION;                                 | \$126.00                                     |
|                | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR         |  |
|                | WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES        |  |
| 26842          | OBTAINI  | \$252.00                                     |
|                | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER          |  |
| 26843          | THAN THUMB;  | \$126.00                                     |
|                | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER          |  |
|                | THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING             |  |
| 26844          | GRAFT)   | \$252.00                                     |
|                | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR            |  |
| 26850          | WITHOUT INTERNAL FIXATION;                                 | \$126.00                                     |
|                | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR            |  |
|                | WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES        | *  |
| 26852          | OBTAINING  | \$126.00                                     |
|                | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT        | <b>*</b> * * * * * * * * * * * * * * * * * * |
| 26860          | INTERNAL FIXATION;   | \$126.00                                     |
|                | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT        |  |
| 00001          | INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL         | <b>ФОО ОО</b>                                |
| 26861          | JOINT ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT  | \$99.90                                      |
|                | · · · · · · · · · · · · · · · · · · ·                      |  |
| 26862          | INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF | \$126.00                                     |
| 20002          | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT        | φ120.00                                      |
|                | INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING      |  |
| 26863          | GRAF   | \$126.00                                     |
| 269            | OTHER OPERATIONS ON SALIVARY GLAND OR DUCT                 | \$0.00                                       |
| 2691           | PROBING OF SALIVARY DUCT                                   | \$0.00                                       |
| 2001           | AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY          | ψυ.υυ  |
|                | AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS          |  |
| 26910          | TRANSFER   | \$142.80                                     |
| 20010          | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY,         | Ψ172.00                                      |
|                | ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES;      |  |
| 26951          | WITH   | \$100.80                                     |
| 20301          | VVIIII   | ψ100.00                                      |

| Procedure Code | Procedure Code Description                              | Rate     |
|----------------|---|----------|
|                | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY,      |          |
|                | ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES;   |          |
| 26952          | WITH  | \$142.80 |
| 26989          | UNLISTED PROCEDURE, HANDS OR FINGERS                    | \$0.00   |
| 2699           | OPERATIONS ON SALIVARY GLAND OR DUCT, OTHER             | \$0.00   |
|                | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP   |          |
| 26990          | ABSCESS OR HEMATOMA                                     | \$42.00  |
|                | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA;        |          |
| 26991          | INFECTED BURSA  | \$33.60  |
|                | INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG,     |          |
| 26992          | OSTEOMYELITIS OR BONE ABSCESS)                          | \$126.00 |
| 270            | DRAINAGE OF FACE AND FLOOR OF MOUTH                     | \$0.00   |
|                | TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE       |          |
| 27000          | PROCEDURE)  | \$25.20  |
| 27001          | TENOTOMY, ADDUCTOR OF HIP, OPEN                         | \$58.80  |
|                | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH            |          |
| 27003          | OBTURATOR NEURECTOMY                                    | \$168.00 |
|                |   |          |
| 27005          | TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)      | \$126.00 |
|                | TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN     |          |
| 27006          | (SEPARATE PROCEDURE)                                    | \$126.00 |
| 27025          | FASCIOTOMY, HIP OR THIGH, ANY TYPE                      | \$210.00 |
|                | DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK)         |          |
|                | COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS     |          |
| 27027          | MAXIMUS,  | \$461.51 |
| 27030          | ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)          | \$394.80 |
|                | ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL       |          |
| 27033          | OF LOOSE OR FOREIGN BODY                                | \$394.80 |
|                | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC      |          |
|                | INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR        |          |
| 27035          | OBTURATOR   | \$394.80 |
|                | CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT       |          |
|                | EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP       |          |
| 27036          | FLEXOR MUC  | \$522.40 |
|                |   |          |
| 27040          | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL | \$25.20  |
|                | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP,       |          |
| 27041          | SUBFASCIAL OR INTRAMUSCULAR                             | \$33.60  |
|                | EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS      |          |
| 27047          | TISSUE  | \$33.60  |
|                | EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, |          |
| 27048          | INTRAMUSCULAR   | \$33.60  |
|                | RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND   |          |
| 27049          | HIP AREA (EG, MALIGNANT NEOPLASM)                       | \$70.80  |
| 27050          | ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT                | \$263.20 |
| 27052          | ARTHROTOMY, FOR BIOPSY; HIP JOINT                       | \$354.39 |
| 27054          | ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT                   | \$420.00 |
|                | DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK)         |          |
|                | COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS     |          |
| 27057          | MAXIMUS,  | \$355.01 |
| 27060          | EXCISION; ISCHIAL BURSA                                 | \$181.20 |

| Procedure Code | Procedure Code Description                            | Rate             |
|----------------|---|------------------|
| 27062          | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION         | \$181.20         |
|                | EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL    |                  |
|                | (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER           |                  |
| 27065          | TROCHANTER OF F                                       | \$168.00         |
|                | EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR  |                  |
| 27066          | WITHOUT AUTOGRAFT                                     | \$252.00         |
|                | EXCISION OF BONE CYST OR BENIGN TUMOR; WITH           |                  |
| 27067          | AUTOGRAFT REQUIRING SEPARATE INCISION                 | \$545.10         |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG,  |                  |
| 27070          | OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL           | \$168.00         |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG,  |                  |
|                | OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR   |                  |
| 27071          | IN  | \$252.00         |
| 27071          |   | Ψ202.00          |
|                | RADICAL RESECTION FOR TUMOR OR INFECTION; WING OF     |                  |
| 27075          | ILIUM, ONE PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS  | \$504.00         |
| 27070          | RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM,      | ψυυυυ            |
|                | INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND |                  |
| 27076          | ACETABU   | \$504.00         |
| 27070          | RADICAL RESECTION FOR TUMOR OR INFECTION;             | φ304.00          |
| 27077          | INNOMINATE BONE, TOTAL                                | ΦEΩ4 ΩΩ          |
| 27077          | RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL     | \$504.00         |
| 07070          | •   | Ф4 <b>7</b> 0.07 |
| 27078          | TUBEROSITY AND GREATER TROCHANTER OF FEMUR            | \$473.07         |
|                | RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL     |                  |
| 07070          | TUBEROSITY AND GREATER TROCHANTER OF FEMUR, WITH      | <b>*</b> 400 40  |
| 27079          | SKIN FLAPS  | \$466.46         |
| 27080          | COCCYGECTOMY, PRIMARY                                 | \$210.00         |
|                | REMOVAL OF FOREIGN BODY, PELVIS OR HIP;               |                  |
| 27086          | SUBCUTANEOUS TISSUE                                   | \$25.20          |
| 27087          | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP          | \$33.60          |
| 27090          | REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)       | \$240.00         |
|                | REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING     |                  |
|                | TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR      |                  |
| 27091          | WITH  | \$480.00         |
|                | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT     |                  |
| 27093          | ANESTHESIA  | \$25.20          |
|                | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH        |                  |
| 27095          | ANESTHESIA  | \$25.20          |
|                | INJECTION PROCEDURE FOR SACROILIAC JOINT,             |                  |
| 27096          | ARTHROGRAPHY AND/OR ANESTHETIC/STEROID                | \$230.14         |
| 27097          | RELEASE OR RECESSION, HAMSTRING, PROXIMAL             | \$187.44         |
| 27098          | TRANSFER, ADDUCTOR TO ISCHIUM                         | \$271.68         |
| 271            | INCISION OF PALATE                                    | \$0.00           |
|                | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER           |                  |
|                | TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION      |                  |
| 27100          | (GRAFT)   | \$334.33         |
|                | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL   |                  |
| 27105          | OR TENDON EXTENSION GRAFT)                            | \$348.68         |
| 27110          | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER             | \$414.70         |
| 27111          | TRANSFER ILIOPSOAS; TO FEMORAL NECK                   | \$435.48         |
|                | 1   | ψ .00.10         |

| Procedure Code | Procedure Code Description  | Rate  |
|----------------|---|---|
|                | ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES,                          |   |
| 27120          | OR CUP TYPE)  | \$714.00  |
|                | ACETABULOPLASTY; RESECTION FEMORAL HEAD                                     |   |
| 27122          | (GIRDLESTONE PROCEDURE)   | \$714.00  |
|                | HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM                            |   |
| 27125          | PROSTHESIS, BIPOLAR ARTHROPLASTY)   | \$714.00  |
|                | ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL                               |   |
|                | PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT),                             |   |
| 27130          | WITH OR WITHOUT   | \$814.80  |
|                | CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP                             |   |
|                | REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR                                   |   |
| 27132          | ALLOGRAFT   | \$814.80  |
|                | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH                                    |   |
| 07101          | COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR                                    |   |
| 27134          | ALLOGRAFT   | \$1,060.00  |
|                | REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR                              |   |
| 07407          | COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR                                | <b>.</b>  |
| 27137          | ALLOGRAFT   | \$814.80  |
| 07100          | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL                                 | <b>#04.4.00</b>                                   |
| 27138          | COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT                                   | \$814.80  |
| 074.40         | OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER                                | <b>AF 40.00</b>                                   |
| 27140          | (SEPARATE PROCEDURE)  | \$543.20  |
| 27146          | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;                            | \$126.00  |
| 07147          | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;                            | ΦΕΕΑ 40   |
| 27147          | WITH OPEN REDUCTION OF HIP OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; | \$554.40  |
| 27151          | WITH FEMORAL OSTEOTOMY  | £400.00   |
| 2/151          | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;                            | \$420.00  |
|                | WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF                           |   |
| 27156          | HIP   | \$554.40  |
| 27130          | OSTEOTOMY, PELVIS, BILATERAL(EG, CONGENITAL                                 | φυυ4.40   |
| 27158          | MALFORMATION)   | \$420.00  |
| 27161          | OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)                                | \$420.00  |
| 27101          | OSTEOTOWIT, I EMOTIAL NEOK (SET ATIATE THOOLDOTIL)                          | ψ420.00   |
|                | OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC                             |   |
| 27165          | INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST                         | \$420.00  |
| 27.00          | BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC                           | ψ120.00   |
|                | OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE                            |   |
| 27170          | GRAFT)  | \$336.00  |
|                | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION,                        | <del>+ + + + + + + + + + + + + + + + + + + </del> |
| 27175          | WITHOUT REDUCTION   | \$201.60  |
|                | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR                        | +=000   |
| 27176          | MULTIPLE PINNING, IN SITU   | \$478.23  |
| -              | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE                         | +   |
|                | OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES                                 |   |
| 27177          | OBTAINING GRAF  | \$554.40  |
|                |   | ·   |
|                | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED                         |   |
| 27178          | MANIPULATION WITH SINGLE OR MULTIPLE PINNING                                | \$474.51  |
|                |   |   |

| Procedure Code | Procedure Code Description                             | Rate                                  |
|----------------|--|---------------------------------------|
|                | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;           |                                       |
|                | OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE               |                                       |
| 27179          | PROCEDURE)   | \$513.11                              |
|                | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;           |                                       |
| 27181          | OSTEOTOMY AND INTERNAL FIXATION                        | \$554.40                              |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,       |                                       |
| 27185          | GREATER TROCHANTER                                     | \$252.00                              |
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR   |                                       |
|                | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE,            |                                       |
| 27187          | FEMORAL NECK   | \$586.75                              |
|                | CLOSED TREATMENT OF PELVIC RING FRACTURE,              |                                       |
|                | DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT         |                                       |
| 27193          | MANIPULATION   | \$109.20                              |
|                | CLOSED TREATMENT OF PELVIC RING FRACTURE,              |                                       |
|                | DISLOCATION, DIASTASIS OR SUBLUXATION; WITH            |                                       |
| 27194          | MANIPULATION, REQUIRING                                | \$193.20                              |
| 272            | DIAGNOSTIC PROCEDURES ON ORAL CAVITY                   | \$0.00                                |
| 27200          | CLOSED TREATMENT OF COCCYGEAL FRACTURE                 | \$42.00                               |
| 27202          | OPEN TREATMENT OF COCCYGEAL FRACTURE                   | \$210.00                              |
| 2721           | BIOPSY OF BONY PALATE                                  | \$0.00                                |
|                | OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, |                                       |
|                | OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S)      |                                       |
| 27215          | WHICH  | \$420.00                              |
|                | PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC     |                                       |
|                | RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM,      |                                       |
| 27216          | SACROILIA  | \$252.00                              |
|                | OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR        |                                       |
|                | DISLOCATION WITH INTERNAL FIXATION, (INCLUDES PUBIC    |                                       |
| 27217          | SYMPHYSIS  | \$310.80                              |
|                | OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR       |                                       |
|                | DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM,    |                                       |
| 27218          | SACROILIA  | \$462.00                              |
| 2722           | BIOPSY OF UVULA AND SOFT PALATE                        | \$0.00                                |
|                | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET)            | -                                     |
| 27220          | FRACTURE(S); WITHOUT MANIPULATION                      | \$168.00                              |
|                | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET)            |                                       |
|                | FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT        |                                       |
| 27222          | SKELETAL TRACTION                                      | \$383.90                              |
|                | OPEN TREATMENT OF POSTERIOR OR ANTERIOR                |                                       |
| 27226          | ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION       | \$252.00                              |
|                | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING     |                                       |
|                | ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE      |                                       |
| 27227          | RUNNING T  | \$336.00                              |
|                | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING     |                                       |
|                | ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-      |                                       |
| 27228          | FRACTURE A   | \$462.00                              |
| 2723           | BIOPSY OF LIP  | \$0.00                                |
|                | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL         | •                                     |
| 27230          | END, NECK; WITHOUT MANIPULATION                        | \$151.20                              |
|                |  | · · · · · · · · · · · · · · · · · · · |

| Procedure Code | Procedure Code Description   | Rate             |
|----------------|--|------------------|
|                | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL                             |                  |
|                | END, NECK; WITH MANIPULATION, WITH OR WITHOUT                              |                  |
| 27232          | SKELETAL TRACTION  | \$302.40         |
|                | PERCUTANEOUS SKELETAL FIXATION OF FEMORAL                                  |                  |
|                | FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY                          |                  |
| 27235          | DISPLACED, OR IMPA   | \$529.20         |
|                | OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END,                          |                  |
|                | NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT                          |                  |
| 27236          | (DIRECT FR   | \$542.40         |
|                | CLOSED TREATMENT OF INTERTROCHANTERIC,                                     |                  |
|                | PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL                                |                  |
| 27238          | FRACTURE; WITHOUT MANIPULAT  | \$151.20         |
| 2724           | BIOPSY OF MOUTH, UNSPECIFIED STRUCTURE                                     | \$0.00           |
|                | CLOSED TREATMENT OF INTERTROCHANTERIC,                                     |                  |
|                | PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL                                |                  |
| 27240          | FRACTURE; WITH MANIPULATION  | \$302.40         |
|                | OPEN TREATMENT OF INTERTROCHANTERIC,                                       |                  |
|                | PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL                                 |                  |
| 27244          | FRACTURE; WITH PLATE/SCREW TYP   | \$504.00         |
|                | OPEN TREATMENT OF INTERTROCHANTERIC,                                       |                  |
|                | PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL                                 |                  |
| 27245          | FRACTURE; WITH INTRAMEDULLARY  | \$554.40         |
|                | CLOSED TREATMENT OF GREATER TROCHANTERIC                                   |                  |
| 27246          | FRACTURE, WITHOUT MANIPULATION   | \$151.20         |
|                |  |                  |
|                | OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE,                           |                  |
| 27248          | WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                              | \$514.97         |
|                | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC;                            |                  |
| 27250          | WITHOUT ANESTHESIA   | \$208.88         |
|                | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC;                            |                  |
| 27252          | REQUIRING ANESTHESIA   | \$210.00         |
|                | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC,                              |                  |
| 27253          | WITHOUT INTERNAL FIXATION  | \$470.40         |
|                | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH                         |                  |
| 0705           | ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR                         | <b>4.7</b> 0 :-  |
| 27254          | WITHOUT  | \$470.40         |
|                | TREATMENT OF SPONTANEOUS HIP DISLOCATION                                   |                  |
| 07050          | (DEVELOPMENTAL, INCLUDING CONGENITAL OR                                    | <b>04.40.00</b>  |
| 27256          | PATHOLOGICAL), BY ABDUCTION,   | \$140.00         |
|                | TREATMENT OF SPONTANEOUS HIP DISLOCATION                                   |                  |
| 07057          | (DEVELOPMENTAL, INCLUDING CONGENITAL OR                                    | <b>4040.00</b>   |
| 27257          | PATHOLOGICAL), BY ABDUCTION, OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION | \$210.00         |
|                |  |                  |
| 27050          | (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEME           | Φ4 <b>7</b> 0.40 |
| 27258          | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION                              | \$470.40         |
|                | (DEVELOPMENTAL, INCLUDING CONGENITAL OR                                    |                  |
| 27259          | PATHOLOGICAL), REPLACEME   | ¢470.40          |
| 21208          | CLOSED TREATMENT OF POST HIP ARTHROPLASTY                                  | \$470.40         |
| 27265          | DISLOCATION; WITHOUT ANESTHESIA  | ¢120 00          |
| 21200          | DIOLOGATION, WITHOUT ANESTHESIA  | \$138.00         |

| Procedure Code | Procedure Code Description   | Rate                |
|----------------|--|---------------------|
|                | CLOSED TREATMENT OF POST HIP ARTHROPLASTY  |                     |
|                | DISLOCATION; REQUIRING REGIONAL OR GENERAL   |                     |
| 27266          | ANESTHESIA   | \$138.00            |
|                | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL   | •                   |
| 27267          | END, HEAD; WITHOUT MANIPULATION  | \$220.23            |
|                | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL   |                     |
| 27268          | END, HEAD; WITH MANIPULATION   | \$272.04            |
|                |  |                     |
|                | OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END,  |                     |
| 27269          | HEAD; INCLUDES INTERNAL FIXATION, WHEN PERFORMED   | \$651.60            |
|                |  |                     |
| 27275          | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA  | \$67.20             |
|                | ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING   |                     |
| 27280          | GRAFT)   | \$491.64            |
|                | ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING  |                     |
| 27282          | GRAFT)   | \$441.90            |
| 27284          | ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);   | \$613.20            |
|                | ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);   |                     |
| 27286          | WITH SUBTROCHANTERIC OSTEOTOMY   | \$613.20            |
| 2729           | OTHER DIAGNOSTIC PROCEDURES ON ORAL CAVITY   | \$0.00              |
|                | INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER  |                     |
| 27290          | AMPUTATION)  | \$756.00            |
| 27295          | DISARTICULATION OF HIP   | \$504.00            |
| 27299          | UNLISTED PROCEDURE, PELVIS OR HIP JOINT  | \$0.00              |
| 273            | EXCISION OF LESION OR TISSUE OF BONY PALATE  | \$0.00              |
|                | INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR   |                     |
| 27301          | HEMATOMA, THIGH OR KNEE REGION   | \$33.60             |
|                | INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR  |                     |
| 27303          | KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)   | \$126.00            |
| 27305          | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN  | \$206.19            |
|                | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING;   |                     |
| 27306          | SINGLE TENDON (SEPARATE PROCEDURE)   | \$25.20             |
|                | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING;   |                     |
| 27307          | MULTIPLE TENDONS   | \$25.20             |
| 0704           | LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF   | 40.00               |
| 2731           | BONY PALATE  | \$0.00              |
| 07040          | ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR   | <b>#</b>            |
| 27310          | REMOVAL OF FOREIGN BODY (EG, INFECTION)  | \$336.00            |
| 0700           | WIDE EXCISION OR DESTRUCTION OF LESION OR TISSUE OF  | Φ0.00               |
| 2732           | BONY PALATE  | \$0.00              |
| 07000          | DIODON COET TICCHE OF THICH OD MALE ADEA. CUREDEIONAL  | <b>ተ</b> ጋር ጋር      |
| 27323          | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP   | \$25.20             |
| 27324          | (SUBFASCIAL OR INTRAMUSCULAR)  | <b>ቀ</b> ንን ድስ      |
| 27324          | NEURECTOMY, HAMSTRING MUSCLE   | \$33.60<br>\$281.32 |
| 27325          | NEURECTOMY, HAMSTRING MUSCLE NEURECTOMY, POPLITEAL (GASTROCNEMIUS)                                       |                     |
| 27327          | EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS  | \$251.60            |
| 21321          | EXCISION, TUMOR, THIGH OR KNEE AREA, SUBCUTANEOUS EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, | \$33.60             |
| 27328          | OR INTRAMUSCULAR   | \$42.00             |
| 21320          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),   | φ <del>4</del> ∠.00 |
| 27329          | SOFT TISSUE OF THIGH OR KNEE AREA  | \$360.00            |
| 21323          | JOH FRIGHT OF THIGHT OF THEAT  | φυσυ.συ             |

| Procedure Code | Procedure Code Description  | Rate           |
|----------------|---|----------------|
| 27330          | ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY  | \$126.00       |
|                | ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION,  | •              |
| 27331          | BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES   | \$336.00       |
|                | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE  |                |
| 27332          | (MENISCECTOMY) KNEE; MEDIAL OR LATERAL  | \$344.40       |
|                | ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR   |                |
| 27333          | CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL  | \$344.40       |
|                | ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR  |                |
| 27334          | POSTERIOR   | \$420.00       |
|                | ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND   |                |
| 27335          | POSTERIOR INCLUDING POPLITEAL AREA  | \$300.00       |
| 27340          | EXCISION, PREPATELLAR BURSA   | \$142.80       |
|                | EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S                                       |                |
| 27345          | CYST)   | \$243.60       |
| 27347          | EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE   | \$184.73       |
| 27350          | PATELLECTOMY OR HEMIPATELLECTOMY  | \$302.40       |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |                |
| 27355          | OF FEMUR;   | \$285.60       |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |                |
| 27356          | OF FEMUR; WITH ALLOGRAFT  | \$285.60       |
|                |   |                |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |                |
| 27357          | OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)   | \$285.60       |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR  |                |
|                | OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO                                       |                |
| 27358          | 27355   | \$208.05       |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR  |                |
|                | DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR   |                |
| 27360          | FIBUL   | \$252.00       |
| 27365          | RADICAL RESECTION FOR TUMOR, FEMUR OR KNEE, BONE  | \$504.00       |
| 27370          | INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY   | \$25.20        |
| 07070          | REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE   | <b>*</b>       |
| 27372          | AREA  | \$126.00       |
| 27380          | SUTURE OF INFRAPATELLAR TENDON; PRIMARY   | \$134.40       |
|                | CLITUDE OF INEDADATELLAD TENDON, CECONDADY  |                |
| 07001          | SUTURE OF INFRAPATELLAR TENDON; SECONDARY   | Φορο οο        |
| 27381          | RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT   | \$268.80       |
| 27385          | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY                                   | ФО10 O0        |
| 2/300          | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE;   | \$210.00       |
|                | SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR  |                |
| 27386          | TENDON GRAFT  | \$420.00       |
| 27300          | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE  | <b>Φ420.00</b> |
| 27390          | TENOTOMY, OF EN, HAMSTRING, KNEE TO HIF, SINGLE TENDON                                      | \$126.00       |
| 21380          | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE  | φ120.00        |
| 27391          | TENDONS, ONE LEG  | \$126.00       |
| 21001          | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE  | φ120.00        |
| 27392          | TENDONS, BILATERAL  | \$252.00       |
| 27392          | LENGTHENING OF HAMSTRING TENDON; SINGLE   | \$170.40       |
| 21000          | LENGTHENING OF HAMSTRING TENDON, SINGLE  LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, | φ170.40        |
| 27394          | ONE LEG   | \$260.40       |
| 21334          | OINL LEG  | φ200.40        |

| Procedure Code | Procedure Code Description  | Rate             |
|----------------|---|------------------|
|                | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS,                  |                  |
| 27395          | BILATERAL   | \$352.80         |
|                | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE                     |                  |
| 27396          | TENDON  | \$277.20         |
|                | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE                   |                  |
| 27397          | TENDONS   | \$352.80         |
| 274            | EXCISION OF OTHER PARTS OF MOUTH                                    | \$0.00           |
|                | TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR                     |                  |
| 27400          | (EG, EGGER'S TYPE PROCEDURE)  | \$277.20         |
| 27403          | ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE                          | \$352.80         |
|                | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE;                |                  |
| 27405          | COLLATERAL  | \$410.74         |
|                | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE;                |                  |
| 27407          | CRUCIATE  | \$410.94         |
|                | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE;                |                  |
| 27409          | COLLATERAL AND CRUCIATE LIGAMENTS                                   | \$529.20         |
| 2741           | LABIAL FRENECTOMY   | \$0.00           |
| 27412          | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE                           | \$408.26         |
| 27415          | OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN                                 | \$730.04         |
|                | OSTEOCHINDRAL AUTOGRAFT(S), KNEE OPEN (EG,                          |                  |
| 27416          | MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT)                    | \$510.01         |
|                | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE                     |                  |
| 27418          | PROCEDURE)  | \$302.40         |
| 2742           | WIDE EXCISION OF LESION OF LIP                                      | \$0.00           |
| 07.400         | RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER                     | *                |
| 27420          | TYPE PROCEDURE)   | \$378.00         |
|                | RECONSTRUCTION OF DISLOCATING PATELLA; WITH                         |                  |
| 07400          | EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT                      | <b>#450.00</b>   |
| 27422          | OR RELEASE  | \$450.30         |
| 27424          | RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY | \$477.68         |
| 27425          | LATERAL RETINACULAR RELEASE (ANY METHOD)                            | \$249.78         |
| 2/425          | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE;                    | φ249.76          |
| 27427          | EXTRA-ARTICULAR   | \$396.88         |
| 21421          | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE;                    | φ390.00          |
| 27428          | INTRA-ARTICULAR (OPEN)  | \$416.16         |
| 21420          | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE;                    | ψ+10.10          |
| 27429          | INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR                          | \$519.30         |
| 2743           | OTHER EXCISION OF LESION OR TISSUE OF LIP                           | \$0.00           |
| 27430          | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)                     | \$388.91         |
| 27435          | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE                       | \$210.00         |
| 27437          | ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS                           | \$409.70         |
| 27438          | ARTHROPLASTY, PATELLA; WITH PROSTHESIS                              | \$420.00         |
| 27440          | ARTHROPLASTY, KNEE, TIBIAL PLATEAU;                                 | \$485.04         |
|                | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT                | Ţ : - <b>.</b> . |
| 27441          | AND PARTIAL SYNOVECTOMY   | \$425.60         |
| -              | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S);                | ,                |
| 27442          | KNEE  | \$613.20         |
|                |   |                  |
|                | ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL                      |                  |
| 27443          | PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY                  | \$613.20         |
| •              | ,   |                  |

| Procedure Code | Procedure Code Description  | Rate                 |
|----------------|---|----------------------|
|                | ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS                                |                      |
| 27445          | TYPE)   | \$814.80             |
|                | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR                                |                      |
| 27446          | LATERAL COMPARTMENT   | \$588.00             |
|                | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND                               |                      |
|                | LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA                                      |                      |
| 27447          | RESURFACING (   | \$814.80             |
|                | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT                                 |                      |
| 27448          | FIXATION  | \$420.00             |
| 07.450         | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH                                    | *                    |
| 27450          | FIXATION  | \$420.00             |
|                | OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON  |                      |
| 07454          | INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE                               | <b></b>              |
| 27454          | PROCEDURE)  | \$462.00             |
|                | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION                             |                      |
| 07455          | OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS                                   | <b>#</b> 000 00      |
| 27455          | (BOWLEG)  | \$336.00             |
|                | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION                             |                      |
| 07457          | OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)                          | <b>#000 00</b>       |
| 27457<br>27465 | OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)                                  | \$336.00<br>\$462.00 |
| 27466          | OSTEOPLASTY, FEMOR, SHORTENING (EXCLUDING 64876) OSTEOPLASTY, FEMUR; LENGTHENING  | \$504.00             |
| 2/400          | OSTEOPLASTY, FEMOR, LENGTHENING AND OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND | φ304.00              |
| 27468          | SHORTENING WITH FEMORAL SEGMENT TRANSFER  | \$714.00             |
| 27400          | SHORTENING WITH FEMORAL SEGMENT TRANSFER  | φ/14.00              |
|                | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD                               |                      |
| 27470          | AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)                               | \$473.99             |
| 21410          | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD                               | ψ+70.00              |
|                | AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT                               |                      |
| 27472          | (INCLU  | \$814.80             |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                                  | 7011100              |
| 27475          | DISTAL FEMUR  | \$355.83             |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA                            | · ·                  |
| 27477          | AND FIBULA, PROXIMAL  | \$378.00             |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                                  | •                    |
| 27479          | COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA                                  | \$462.00             |
|                | ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG                              |                      |
| 27485          | (EG, FOR GENU VARUS OR VALGUS)  | \$364.50             |
|                | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR                                      |                      |
| 27486          | WITHOUT ALLOGRAFT; ONE COMPONENT  | \$814.80             |
|                | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR                                      |                      |
| 27487          | WITHOUT ALLOGRAFT; ALL COMPONENTS   | \$814.80             |
|                | REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE,"                               |                      |
|                | METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN                                  |                      |
| 27488          | APPLICA   | \$690.00             |
| 2749           | OTHER EXCISION OF MOUTH   | \$0.00               |
|                |   |                      |
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR                              |                      |
| 27495          | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR                                 | \$719.92             |

| Procedure Code | Procedure Code Description  | Rate                        |
|----------------|---|-----------------------------|
|                |   |                             |
|                | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE                            |                             |
| 27496          | COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);                               | \$142.80                    |
|                | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE                            |                             |
| 07.407         | COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);                               | <b>*</b> 4 <b>* 0 * 0 *</b> |
| 27497          | WITH DEBRIDEMEN   | \$168.00                    |
| 07.400         | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE,                                | <b>#</b> 004.00             |
| 27498          | MULTIPLE COMPARTMENTS;  | \$201.60                    |
|                | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE,                                |                             |
| 27499          | MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/O           | <b>#005.00</b>              |
| 27499          | PLASTIC REPAIR OF MOUTH   | \$235.20                    |
| 2/5            |   | \$0.00                      |
| 07500          | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE,                                 | <b>#454.00</b>              |
| 27500          | WITHOUT MANIPULATION CLOSED TREATMENT OF SUPRACONDYLAR OR                   | \$151.20                    |
|                |   |                             |
| 07501          | TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT                              | Φ1E1 00                     |
| 27501          | INTERCONDYLAR EXTENSION, W CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH | \$151.20                    |
|                | MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL                              |                             |
| 27502          | TRACTION  | \$302.40                    |
| 27302          | CLOSED TREATMENT OF SUPRACONDYLAR OR  | \$302.40                    |
|                | TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT                              |                             |
| 27503          | INTERCONDYLAR EXTENSION; W  | \$302.40                    |
| 27503          | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR                           | φ302.40                     |
|                | WITHOUT EXTERNAL FIXATION, WITH INSERTION OF                                |                             |
| 27506          | INTRAMEDULLARY  | \$542.40                    |
| 27500          | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH                               | φ342.4U                     |
| 27507          | PLATE/SCREWS, WITH OR WITHOUT CERCLAGE                                      | \$504.00                    |
| 27307          | TEATE/SCILEWS, WITH OIL WITHOUT GENGLAGE                                    | φ304.00                     |
|                | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END,                           |                             |
| 27508          | MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION                             | \$100.80                    |
| 27000          | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR                             | Ψ100.00                     |
|                | OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR                                  |                             |
| 27509          | WITHOUT INTERCONDYL   | \$243.76                    |
| 2751           | SUTURE OF LACERATION OF LIP   | \$0.00                      |
| 2701           | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END,                           | φοισσ                       |
| 27510          | MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION                                | \$210.00                    |
|                | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR                                  | ,                           |
|                | TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR                                |                             |
| 27511          | EXTENSION, WITH OR WIT  | \$403.20                    |
|                | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR                                  | •                           |
|                | TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR                                   |                             |
| 27513          | EXTENSION, WITH OR WITHOU   | \$403.20                    |
|                | OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END,                             | •                           |
|                | MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL                         |                             |
| 27514          | OR EXTERNA  | \$403.20                    |
|                | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL                               |                             |
| 27516          | SEPARATION; WITHOUT MANIPULATION  | \$217.75                    |
|                | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL                               |                             |
|                | SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN                         |                             |
| 27517          | OR SKELETAL   | \$302.40                    |

| OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL  | Procedure Code | Procedure Code Description                          | Rate     |
|--|----------------|---|----------|
| 27519   FIXATION   \$554.40  |                | OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL         |          |
| 2752   SUTURE OF LACERATION OF OTHER PART OF MOUTH   \$0.00  |                | SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL    |          |
| CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION   \$58.80  | 27519          | FIXATION  | \$554.40 |
| 27520   MANIPULATION   \$58.80   | 2752           |   | \$0.00   |
| OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T \$302.40  |                | CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT      |          |
| FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T  | 27520          |   | \$58.80  |
| 27524  |                | OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL  |          |
| CLOSURE OF FISTULA OF MOUTH   \$0.00   |                | FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY    |          |
| CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION   \$100.80   | 27524          | AND SOFT T  | \$302.40 |
| 27530  | 2753           |   | \$0.00   |
| CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SYSTEM OF THE STEED OF TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT SYSTEM OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION SYSTEM OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION SYSTEM OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL OF TREATMENT OF KNEE DISLOCATION; WITHOUT ANSESTHESIA SYSTEM OPEN TREATMENT OF KNEE DISLOCATION; WITHOUT ANSESTHESIA SYSTEM OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE SET OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE SET OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE SET OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE SET OPEN TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANS THE SET OF TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANS THE SET OF TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANS THE SET OF TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT ANS THE SET OF TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT ANS THE SET OF TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT AND TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT AND TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT AND TREATMENT OF PATELLAR DISLOCATION, WITH OR WIT   |                | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL       |          |
| CPLATEAU); WITH OR WITHOUT MANIPULATION, WITH   \$\ \text{2}\)   \$\ \text{SKELETAL TRACTION}   \$\ \text{2}\)   \$\ \text{2}\)   \$\ \text{OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT   \$\ \text{3}\)   \$\ \text{2}\)   \$\ \text{CPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION   \$\ \text{4}\)   \$\ \text{4}\)   \$\ \text{6}\]   \$\ \text{7}\]   \$\ \text{6}\]   \$\ \text{7}\]   \$\ \ | 27530          |   | \$100.80 |
| 27532   SKELETAL TRACTION   \$210.00   |                | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL       |          |
| OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT   |                | (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH       |          |
| PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT   \$327.60   | 27532          |   | \$210.00 |
| 27535   EXTERNAL FIXAT   \$327.60  |                | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL         |          |
| OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION  CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION  27538  REPAIR OF CLEFT LIP OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O  27540  CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O  CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  27556  OTHER SKIN GRAFT TO LIP AND MOUTH  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  47566  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  47566  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  47566  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR |          |
| PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION   \$403.20   | 27535          | EXTERNAL FIXAT                                      | \$327.60 |
| 27536  |                | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL         |          |
| CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION \$224.00  |                | (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL     |          |
| TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT  | 27536          |   | \$403.20 |
| 2754 REPAIR OF CLEFT LIP \$0.00  2754 REPAIR OF CLEFT LIP \$0.00  OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O INTERNAL O SE22.19  2755 FULL-THICKNESS SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA \$142.80  CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA \$142.80  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                | CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR   |          |
| 2754   REPAIR OF CLEFT LIP   \$0.00  |                | TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT     |          |
| OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O  2755 FULL-THICKNESS SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA \$142.80  CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA \$142.80  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  27566 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   | 27538          | MANIPULATION  | \$224.00 |
| TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O \$522.19  2755 FULL-THICKNESS SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA \$142.80  CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA \$142.80  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  27566 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PATELLAR DISLOCATION, WITHOUT PATELLAR DI  | 2754           | REPAIR OF CLEFT LIP                                 | \$0.00   |
| 27540   INTERNAL O   \$522.19  |                | OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR     |          |
| 2755 FULL-THICKNESS SKIN GRAFT TO LIP AND MOUTH CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  27558 OTHER SKIN GRAFT TO LIP AND MOUTH CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT |          |
| CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  UIGAMENTOUS RE  1 LIGAMENTOUS RE 27558  OPEN TREATMENT OF KNEE DISLOCATION; WITH PRIMARY LIGAMENTOUS RE CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   | 27540          | INTERNAL O  | \$522.19 |
| 27550 ANESTHESIA \$142.80  CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA \$142.80  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  27557 COPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  27558 LIGAMENTOUS RE \$411.60  27560 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  | 2755           | FULL-THICKNESS SKIN GRAFT TO LIP AND MOUTH          | \$0.00   |
| CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  27558  CIGAMENTOUS RE \$411.60  2756  OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                | CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT       |          |
| 27552 ANESTHESIA \$142.80  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  27568 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   | 27550          | ANESTHESIA  | \$142.80 |
| OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                | CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING     |          |
| INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE  27558  LIGAMENTOUS RE  \$411.60  2756  OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  | 27552          | ANESTHESIA  | \$142.80 |
| 27556 LIGAMENTOUS \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY  LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY  LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | •   |          |
| OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE 100 OTHER SKIN GRAFT TO LIP AND MOUTH 101 CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA 102 CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA 103 ANESTHESIA 104 S58.80 105 OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR 105 WITHOUT PARTIAL OR TOTAL PATELLECTOMY 106 ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND 107 ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY      |          |
| INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  | 27556          |   | \$411.60 |
| 27557 LIGAMENTOUS RE \$411.60  OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY  LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                | •   |          |
| OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | [ * · · · · · · · · · · · · · · · · · ·             |          |
| INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE \$411.60  2756 OTHER SKIN GRAFT TO LIP AND MOUTH CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  | 27557          |   | \$411.60 |
| 27558 LIGAMENTOUS RE \$411.60 2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | •   |          |
| 2756 OTHER SKIN GRAFT TO LIP AND MOUTH \$0.00  CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | · · · · · · · · · · · · · · · · · · ·               |          |
| CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                |   |          |
| 27560 ANESTHESIA \$58.80  CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   | 2756           |   | \$0.00   |
| CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                |   |          |
| 27562 ANESTHESIA \$58.80  OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR 27566 WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00  ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   | 27560          |   | \$58.80  |
| OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR 27566 WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00 ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  |                | l   |          |
| 27566 WITHOUT PARTIAL OR TOTAL PATELLECTOMY \$294.00 ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND  | 27562          |   | \$58.80  |
| ATTACHMENT OF PEDICLE OR FLAP GRAFT TO LIP AND   |                |   |          |
|  | 27566          | WITHOUT PARTIAL OR TOTAL PATELLECTOMY               | \$294.00 |
| 2757 MOUTH \$0.00  |                |   |          |
|  | 2757           | MOUTH   | \$0.00   |

| MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICE 27580   FUSION OF KNEE, ANY TECHNIQUE \$546.00   2759   OTHER PLASTIC REPAIR OF MOUTH \$0.00   2759   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; \$378.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; \$378.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; \$378.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE) FIRST CAST \$403.20   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$252.00   AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (SUILLOTINE) \$260.00   ATTERNAL (SUILLOTINE) \$260.0 | Procedure Code | Procedure Code Description                            | Rate     |
|---|----------------|---|----------|
| 27570   |                | MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA   |          |
| 27580   |                | (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION   |          |
| 2759  | 27570          | DEVICE  | \$50.00  |
| 27590   | 27580          | FUSION OF KNEE, ANY TECHNIQUE                         | \$546.00 |
| AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;   IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST   \$403.20  | 2759           | OTHER PLASTIC REPAIR OF MOUTH                         | \$0.00   |
| 27591   IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST   \$403.20   | 27590          | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;          | \$378.00 |
| AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)   \$252.00   |                | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;          |          |
| 27592   | 27591          | IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST      | \$403.20 |
| AMPUTATION, THIGH, THROUGH FEMÜR, ANY LEVEL;   SECONDARY CLOSURE OR SCAR REVISION   \$168.00     AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-   AMPUTATION   \$168.00     27598   |                | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN,    |          |
| 27594   SECONDARY CLOSURE OR SCAR REVISION   \$168.00   | 27592          | CIRCULAR (GUILLOTINE)                                 | \$252.00 |
| AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE- AMPUTATION   \$168.00  |                | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;          |          |
| 27596   | 27594          | SECONDARY CLOSURE OR SCAR REVISION                    | \$168.00 |
| 27598   |                | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-      |          |
| 27599   | 27596          | AMPUTATION  | \$168.00 |
| DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR  | 27598          | DISARTICULATION AT KNEE                               | \$252.00 |
| DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY   \$94.80  | 27599          | UNLISTED PROCEDURE, FEMUR OR KNEE                     | \$0.00   |
| 27600   | 276            | PALATOPLASTY  | \$0.00   |
| DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)  INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA  27603  INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA  27606  INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE 27610  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING  27613  BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL 27614  BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; SOFT TISSUE OF LEG OR ANKLE AREA;  27619  CARDICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DUBCUTANEOUS \$33.60  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   |                | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR        |          |
| DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)  INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA  1NCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA  1NCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE 11CISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE 11CISION, DEAL ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA SOBOULANDER, LEG OR ANKLE AREA SUBCULTANEOUS 33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH JOINT EXPLORATION, WITH OR   | 27600          | LATERAL COMPARTMENTS ONLY                             | \$94.80  |
| DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)   \$168.00   |                | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR              | ·        |
| DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)   \$168.00   | 27601          |   | \$90.00  |
| 27602 LATERAL, AND POSTERIOR COMPARTMENT(S)  INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA  27604 INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA  27605 TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA  27606 PROCEDURE); LOCAL ANESTHESIA  27607 PROCEDURE); GERRAL ANESTHESIA  27608 INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE  27610 ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY  27612 WITH OR WITHOUT ACHILLES TENDON LENGTHENING  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP  27615 RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  2762 CORRECTION OF CLEFT PALATE  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |                |   | *        |
| INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA  27604 INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA \$33.60  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA \$25.20  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA \$25.20  INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE \$126.00  2761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  27615 SOFT TISSUE OF LEG OR ANKLE AREA  27616 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  | 27602          |   | \$168.00 |
| 27603   |                |   | *        |
| 27604 INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA \$33.60 TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA \$25.20  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA \$25.20  1 TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA \$25.20  1 INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE \$126.00  2 761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  2 7613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  2 7614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  2 7618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; SUBFASCIAL OR INTRAMUSCULAR \$163.19  2 762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27603          | · · · · · · · · · · · · · · · · · · ·                 | \$42.00  |
| TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA  TENOTOMY, ACHILLES TENDON CONTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE  TOTAL SUTURE OF LACERATION OF PALATE  TOTAL SUTURE OF LACERATION OF PALATE  TOTAL SUTURE OF LEG OR ANKLE APEA; SUPERFICIAL SECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; DEEP ST179.20  TRADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  TOTAL SUTURE SUBCUTANEOUS SUBCUTANEOUS SUBCUTANEOUS SUBCUTANEOUS SUBCUTANEOUS CONTEXT OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA;                                 |                |   | ,        |
| TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA  TENOTOMY, ACHILLES TENDON CONTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE  TOTAL SUTURE OF LACERATION OF PALATE  TOTAL SUTURE OF LACERATION OF PALATE  TOTAL SUTURE OF LEG OR ANKLE APEA; SUPERFICIAL SECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; DEEP ST179.20  TRADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  TOTAL SUTURE SUBCUTANEOUS SUBCUTANEOUS SUBCUTANEOUS SUBCUTANEOUS SUBCUTANEOUS CONTEXT OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA; DEEP OR INTRAMUSCULAR  TOTAL SUTURE OF LEG OR ANKLE AREA;                                 | 27604          | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA   | \$33.60  |
| 27605 PROCEDURE); LOCAL ANESTHESIA \$25.20  TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA \$25.20  INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE \$126.00  2761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  27615 SOFT TISSUE OF LEG OR ANKLE AREA  27616 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   |                |   | ·        |
| TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA \$25.20  INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE \$126.00  2761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  27615 SOFT TISSUE OF LEG OR ANKLE AREA  27616 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27605          |   | \$25.20  |
| 27606 PROCEDURE); GENERAL ANESTHESIA \$25.20 INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE \$126.00 2761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27612 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA 27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60 EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19 2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   |                | TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE     |          |
| INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE \$126.00  2761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27612 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA  27615 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  | 27606          | PROCEDURE); GENERAL ANESTHESIA                        | \$25.20  |
| 2761 SUTURE OF LACERATION OF PALATE \$0.00  ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27612 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |                | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR  |          |
| ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY \$268.80  ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27612  BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL 27614  BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  27615  EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS SCHOOL OR INTRAMUSCULAR OR INTRAMUSCULAR 2762  CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27607          | OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE          | \$126.00 |
| 27610 DRAINAGE OR REMOVAL OF FOREIGN BODY ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA S300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR 27619 OR INTRAMUSCULAR 2762 CORRECTION OF CLEFT PALATE ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 2761           | SUTURE OF LACERATION OF PALATE                        | \$0.00   |
| 27610 DRAINAGE OR REMOVAL OF FOREIGN BODY ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA S300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR 2762 CORRECTION OF CLEFT PALATE ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |                |   |          |
| ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20 RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |                | ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION,   |          |
| ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27610          | DRAINAGE OR REMOVAL OF FOREIGN BODY                   | \$268.80 |
| 27612 WITH OR WITHOUT ACHILLES TENDON LENGTHENING \$268.80  27613 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL \$25.20  27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20  RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   |                | ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE,        |          |
| 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20 RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00 27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60 EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19 2762 CORRECTION OF CLEFT PALATE \$0.00 ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27612          | WITH OR WITHOUT ACHILLES TENDON LENGTHENING           | \$268.80 |
| 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20 RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00 27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60 EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19 2762 CORRECTION OF CLEFT PALATE \$0.00 ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   |                |   |          |
| 27614 BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP \$179.20 RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00 27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60 EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19 2762 CORRECTION OF CLEFT PALATE \$0.00 ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27613          | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL | \$25.20  |
| RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA \$300.00  27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27614          |   |          |
| 27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60 EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL 27619 OR INTRAMUSCULAR \$163.19 2762 CORRECTION OF CLEFT PALATE \$0.00 ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |                | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),  |          |
| 27618 EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS \$33.60  EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL  OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  | 27615          | SOFT TISSUE OF LEG OR ANKLE AREA                      | \$300.00 |
| EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR \$163.19  2762 CORRECTION OF CLEFT PALATE ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27618          | EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS      |          |
| 2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   |                | EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL  |          |
| 2762 CORRECTION OF CLEFT PALATE \$0.00  ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 27619          |   | \$163.19 |
| ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE   | 2762           | CORRECTION OF CLEFT PALATE                            |          |
| WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE  |                | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR    |          |
|   |                |   |          |
|   | 27620          |   | \$263.57 |

| 27625   ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;   \$294.00   | Procedure Code | Procedure Code Description                           | Rate     |
|--|----------------|--|----------|
| 27626  | 27625          | ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;                  | \$294.00 |
| 2763   |                | ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING        |          |
| EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE   \$151.20   | 27626          | TENOSYNOVECTOMY                                      | \$294.00 |
| 27630  | 2763           | REVISION OF CLEFT PALATE REPAIR                      | \$0.00   |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;   \$285.60  |                | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG,  |          |
| 27635   TIBIA OR FIBULA;   \$285.60  | 27630          | CYST OR GANGLION), LEG AND/OR ANKLE                  | \$151.20 |
| EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) \$395.26  EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT \$285.60  EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT \$0.00  PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS) \$449.13  PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS) \$347.16  EXOSTOSIS) \$344.11  EXOSTOSIS) \$347.16  EXOSTOSIS  EXOSTOSIS) \$344.11  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIS  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$449.13  EXOSTOSIC \$ |                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,  |          |
| TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)   | 27635          | TIBIA OR FIBULA;                                     | \$285.60 |
| 27637   SAPETION   \$395.26  |                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,  |          |
| 27638  |                | TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING  |          |
| 27638   TIBIA OR FIBULA; WITH ALLOGRAFT   \$285.60     2764  | 27637          | GRAFT)   | \$395.26 |
| 2764   |                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,  |          |
| PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS)   \$449.13  | 27638          | TIBIA OR FIBULA; WITH ALLOGRAFT                      | \$285.60 |
| DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS)   \$449.13   | 2764           | INSERTION OF PALATAL IMPLANT                         |          |
| 27640   EXOSTOSIS    \$449.13  |                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR   |          |
| PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS)  27645  RESECTION FOR TUMOR, RADICAL; TIBIA  27646  RESECTION FOR TUMOR, RADICAL; FIBULA  27647  RESECTION FOR TUMOR, RADICAL; FIBULA  27648  INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY  27649  REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;  REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)  27652  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT  27654  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  27659  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH  FIBULAR OSTEOTOMY  \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR;  27680  |                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR     |          |
| PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS)  27645  RESECTION FOR TUMOR, RADICAL; TIBIA  27646  RESECTION FOR TUMOR, RADICAL; FIBULA  27647  RESECTION FOR TUMOR, RADICAL; FIBULA  27648  INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY  27649  REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;  REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)  27652  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT  27654  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  27659  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY  SINGLE  27680  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE  | 27640          | ,  | \$449.13 |
| 27641   EXOSTOSIS    \$347.16  |                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR   | ·        |
| 27645         RESECTION FOR TUMOR, RADICAL; TIBIA         \$504.00           27646         RESECTION FOR TUMOR, RADICAL; FIBULA         \$502.79           27647         RESECTION FOR TUMOR, RADICAL; FIBULA         \$502.79           27648         INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY         \$25.20           27648         REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED         ACHILLES TENDON;         \$134.40           27650         REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED         ACHILLES TENDON;         \$134.40           27650         REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED         ACHILLES TENDON;         \$134.40           27652         GRAFT)         \$352.80           27654         REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH         \$276.00           27655         REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH         \$277.20           27656         REPAIR, FASCIAL DEFECT OF LEG         \$167.60           REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH         \$126.00           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH         \$134.40           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH         \$168.00           REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY         \$168.00  |                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR     |          |
| 27645   RESECTION FOR TUMOR, RADICAL; TIBIA   \$504.00   | 27641          | EXOSTOSIS)   | \$347.16 |
| 27646         RESECTION FOR TUMOR, RADICAL; FIBULA         \$502.79           27647         RESECTION FOR TUMOR, RADICAL; TALUS OR CALCANEUS         \$168.00           27648         INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY         \$25.20           REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED<br>ACHILLES TENDON;         \$134.40           27650         REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED<br>ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING<br>GRAFT)         \$352.80           27652         REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH<br>OR WITHOUT GRAFT         \$277.20           27654         REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH<br>OR WITHOUT GRAFT         \$277.20           27656         REPAIR, FASCIAL DEFECT OF LEG         \$167.60           REPAIR OR SUTURE OF FLEXOR TENDON OF LEG;<br>SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH         \$126.00           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;<br>PRIMARY, WITHOUT GRAFT, SINGLE, EACH         \$210.00           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;<br>PRIMARY, WITHOUT GRAFT, SINGLE, EACH         \$134.40           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;<br>SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,<br>EACH         \$168.00           27665         REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT<br>FIBULAR OSTEOTOMY         \$168.00           REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH<br>FIBULAR OSTEOTOMY         \$168.00 <td< td=""><td>27645</td><td>RESECTION FOR TUMOR, RADICAL; TIBIA</td><td></td></td<>   | 27645          | RESECTION FOR TUMOR, RADICAL; TIBIA                  |          |
| 27647         RESECTION FOR TUMOR, RADICAL; TALUS OR CALCANEUS         \$168.00           27648         INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY         \$25.20           REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED         ACHILLES TENDON;         \$134.40           27650         REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED         ACHILLES TENDON;         \$134.40           REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED         ACHILLES TENDON;         \$134.40           27652         GRAFT)         \$352.80           REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH         \$276.54           27654         OR WITHOUT GRAFT         \$277.20           27656         REPAIR, FASCIAL DEFECT OF LEG         \$167.60           REPAIR OR SUTURE OF FLEXOR TENDON OF LEG;         \$126.00           REPAIR OR SUTURE OF FLEXOR TENDON OF LEG;         \$210.00           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;         \$210.00           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;         \$134.40           REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;         \$168.00           SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,         \$168.00           REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT         \$168.00           REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH         \$168.00           REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH <td>27646</td> <td>RESECTION FOR TUMOR, RADICAL; FIBULA</td> <td></td>   | 27646          | RESECTION FOR TUMOR, RADICAL; FIBULA                 |          |
| 27648  | 27647          |  |          |
| REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;  REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH  OR WITHOUT GRAFT  PREPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH  OR WITHOUT GRAFT  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,  EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,  EACH  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  |                |  |          |
| ACHILLES TENDON; REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT) REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT 27654 REPAIR, FASCIAL DEFECT OF LEG REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH TIBULAR OSTEOTOMY TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE  \$210.00   |                | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED      | ·        |
| REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT \$277.20  27654 REPAIR, FASCIAL DEFECT OF LEG \$167.60  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$126.00  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$210.00  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; \$210.00  | 27650          |  | \$134.40 |
| ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)  REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT 27654  REPAIR, FASCIAL DEFECT OF LEG REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE  SINGLE  SECONDARY \$168.00  REPAIR FOR DISLOCATING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE  |                | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED      | ·        |
| REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT 27656 REPAIR, FASCIAL DEFECT OF LEG REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, 27659 REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, 27665 REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00   |                |  |          |
| 27654 OR WITHOUT GRAFT \$277.20 27656 REPAIR, FASCIAL DEFECT OF LEG \$167.60  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$126.00  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$210.00  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; \$210.00   | 27652          | GRAFT)   | \$352.80 |
| 27654 OR WITHOUT GRAFT \$277.20 27656 REPAIR, FASCIAL DEFECT OF LEG \$167.60  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$126.00  REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$210.00  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; \$210.00   |                | REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH    |          |
| REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  | 27654          |  | \$277.20 |
| 27658 WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH THE STATE OF TENDORS   | 27656          | REPAIR, FASCIAL DEFECT OF LEG                        |          |
| REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY S168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  |                | REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY,   |          |
| REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY S168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  | 27658          | WITHOUT GRAFT, SINGLE, EACH                          | \$126.00 |
| EACH \$210.00  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH \$134.40  REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00   |                | REPAIR OR SUTURE OF FLEXOR TENDON OF LEG;            |          |
| REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  |                | SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,      |          |
| 27664 PRIMARY, WITHOUT GRAFT, SINGLE, EACH REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH 27676 FIBULAR OSTEOTOMY TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  | 27659          | EACH   | \$210.00 |
| REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00   |                | REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;          |          |
| SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY  S168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00   | 27664          | PRIMARY, WITHOUT GRAFT, SINGLE, EACH                 | \$134.40 |
| 27665 EACH \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00   |                | REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG;          |          |
| REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE \$210.00  |                | SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON,      |          |
| 27675 FIBULAR OSTEOTOMY \$168.00  REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH 27676 FIBULAR OSTEOTOMY \$168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; 27680 SINGLE \$210.00   | 27665          | EACH   | \$168.00 |
| REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH  5168.00  TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR;  SINGLE  \$210.00   |                | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT     |          |
| 27676 FIBULAR OSTEOTOMY \$168.00 TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; 27680 SINGLE \$210.00  | 27675          |  | \$168.00 |
| TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; 27680 SINGLE \$210.00   |                | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH        |          |
| TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; 27680 SINGLE \$210.00   | 27676          |  | \$168.00 |
|  |                | TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; |          |
|  | 27680          | SINGLE   | \$210.00 |
|  |                |  |          |
| 27681 MULTIPLE (THROUGH SAME INCISION), EACH \$275.13  | 27681          | MULTIPLE (THROUGH SAME INCISION), EACH               | \$275.13 |

| Procedure Code | Procedure Code Description                                       | Rate            |
|----------------|--|-----------------|
|                | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE;               |                 |
| 27685          | SINGLE (SEPARATE PROCEDURE)                                      | \$176.40        |
|                | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE;               |                 |
| 27686          | MULTIPLE (THROUGH SAME INCISION), EACH                           | \$260.40        |
|                |  |                 |
| 27687          | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)                  | \$251.19        |
| 2769           | OTHER PLASTIC REPAIR OF PALATE                                   | \$0.00          |
|                | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH                    |                 |
|                | MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG,               |                 |
| 27690          | ANTERIOR TIBI  | \$277.20        |
|                | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH                    |                 |
| 07001          | MUSCLE REDIRECTION OR REROUTING); DEEP (EG                       | <b>ФО</b> 77 ОО |
| 27691          | ANTERIOR TIBIAL OR TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH | \$277.20        |
|                |  |                 |
| 27692          | MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON         | <b>ቀ</b> ንጋይ ጋር |
| 27092          | SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED                       | \$235.20        |
| 27695          | LIGAMENT, ANKLE; COLLATERAL                                      | \$403.20        |
| 27093          | SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED                       | <b>Φ403.20</b>  |
| 27696          | LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS                       | \$403.20        |
| 27090          | SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR                      | φ403.20         |
|                | SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-                 |                 |
| 27698          | JONES PROCEDURE)   | \$477.82        |
| 277            | OPERATIONS ON UVULA  | \$0.00          |
| 27700          | ARTHROPLASTY, ANKLE;   | \$463.78        |
| 27702          | ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")                | \$546.00        |
| ETTOL          | ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION,                   | ψ5-10.00        |
| 27703          | TOTAL ANKLE  | \$546.00        |
| 27704          | REMOVAL OF ANKLE IMPLANT   | \$120.00        |
| 27705          | OSTEOTOMY; TIBIA   | \$336.00        |
| 27707          | OSTEOTOMY; FIBULA  | \$224.00        |
| 27709          | OSTEOTOMY; TIBIÁ AND FIBULA                                      | \$336.00        |
| 2771           | INCISION OF UVULA  | \$0.00          |
|                | OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON                         |                 |
| 27712          | INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)                      | \$336.00        |
| 27715          | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING                       | \$504.00        |
| 2772           | EXCISION OF UVULA  | \$0.00          |
|                | REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT,            |                 |
| 27720          | (EG, COMPRESSION TECHNIQUE)                                      | \$462.00        |
|                | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING              |                 |
| 27722          | GRAFT  | \$480.09        |
|                | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR             |                 |
| 27724          | OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)                       | \$520.13        |
|                | REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS,            |                 |
| 27725          | WITH FIBULA, ANY METHOD  | \$479.47        |
|                | REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH                   |                 |
| 27726          | INTERNAL FIXATION  | \$481.12        |
| 27727          | REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA                       | \$501.14        |
| 2773           | REPAIR OF UVULA  | \$0.00          |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                 | <b>.</b>        |
| 27730          | DISTAL TIBIA   | \$235.50        |

| Procedure Code | Procedure Code Description   | Rate           |
|----------------|--|----------------|
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                       |                |
| 27732          | DISTAL FIBULA  | \$201.60       |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING;                       |                |
| 27734          | DISTAL TIBIA AND FIBULA  | \$346.34       |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,                       |                |
| 27740          | COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;                        | \$378.00       |
|                | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,                       |                |
| 07740          | COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND                    | <b>4070.00</b> |
| 27742          | DISTAL FE  | \$378.00       |
|                | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR                   |                |
| 27745          | WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA                      | \$411.15       |
| 27745          | WIRING) WITH OR WITHOUT METHTEMETHACKTEATE, TIBIA                      | φ411.13        |
|                | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR                     |                |
| 27750          | WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION                        | \$100.80       |
| 27700          | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR                     | ψ100.00        |
|                | WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH                     |                |
| 27752          | OR WITHO   | \$201.60       |
|                | PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT                         | Ψ201100        |
|                | FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS                  |                |
| 27756          | OR SCREWS  | \$374.00       |
|                | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR                      | ·              |
|                | WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH                      |                |
| 27758          | OR WITHOUT   | \$378.00       |
|                | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR                       |                |
|                | WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY                            |                |
| 27759          | IMPLANT, WITH OR   | \$378.00       |
|                | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE;                         |                |
| 27760          | WITHOUT MANIPULATION   | \$75.60        |
|                | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE;                         |                |
|                | WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL                    | <b>.</b>       |
| 27762          | TRACTION   | \$151.20       |
| 07700          | OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH                      | 4000 40        |
| 27766          | OR WITHOUT INTERNAL OR EXTERNAL FIXATION                               | \$302.40       |
| 27767          | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITHOUT MANIPULATION | 0100 F1        |
| 21101          | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE,                      | \$132.51       |
| 27768          | WITH MANIPULATION  | \$208.26       |
| 21100          | OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE,                        | φ200.20        |
| 27769          | INCLUDES INTERNAL FIXATION, WHEN PERFORMED                             | \$361.82       |
| 2,700          | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT                           | ψοσ1.02        |
| 27780          | FRACTURE; WITHOUT MANIPULATION   | \$58.80        |
|                | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT                           | +30.00         |
| 27781          | FRACTURE; WITH MANIPULATION  | \$109.20       |
|                | OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT                             |                |
|                | FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL                         |                |
| 27784          | FIXATION   | \$193.20       |
|                | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE                            |                |
| 27786          | (LATERAL MALLEOLUS); WITHOUT MANIPULATION                              | \$67.20        |
|                | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE                            |                |
| 27788          | (LATERAL MALLEOLUS); WITH MANIPULATION                                 | \$126.00       |

| Procedure Code | Procedure Code Description                             | Rate     |
|----------------|--|----------|
| 2779           | OTHER OPERATIONS ON UVULA                              | \$0.00   |
|                | OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL     |          |
|                | MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL       |          |
| 27792          | FIXATION   | \$260.40 |
|                | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE,        |          |
| 27808          | (INCLUDING POTTS); WITHOUT MANIPULATION                | \$109.20 |
|                | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE,        |          |
| 27810          | (INCLUDING POTTS); WITH MANIPULATION                   | \$218.40 |
|                | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH     |          |
| 27814          | OR WITHOUT INTERNAL OR EXTERNAL FIXATION               | \$386.40 |
|                | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE;       | ·        |
| 27816          | WITHOUT MANIPULATION                                   | \$117.60 |
|                | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE;       | *        |
| 27818          | WITH MANIPULATION                                      | \$235.20 |
|                | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE,         | Ψ=σσ:=σ  |
|                | WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,         |          |
| 27822          | MEDIAL AND/OR LA                                       | \$420.00 |
|                | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE,         | ψ.=0.00  |
|                | WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,         |          |
| 27823          | MEDIAL AND/OR LA                                       | \$420.00 |
|                | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING         | ψ.120.00 |
|                | ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL |          |
| 27824          | PLAFOND)   | \$280.00 |
| 27021          | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING         | Ψ200.00  |
|                | ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL |          |
| 27825          | PLAFOND)   | \$280.00 |
| 27020          | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING           | φ200.00  |
|                | ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON  |          |
| 27826          | OR TIBIAL P  | \$420.00 |
| 27020          | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING           | ψ.120.00 |
|                | ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON  |          |
| 27827          | OR TIBIAL P  | \$420.00 |
| 2.02.          | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING           | ψ.120.00 |
|                | ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON  |          |
| 27828          | OR TIBIAL P  | \$420.00 |
| 27020          | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT            | ψ120.00  |
|                | (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL     |          |
| 27829          | OR EXTERNAL FIX  | \$306.09 |
|                | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT        | φοσοίσο  |
| 27830          | DISLOCATION; WITHOUT ANESTHESIA                        | \$280.00 |
|                | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT        | Ψ200.00  |
| 27831          | DISLOCATION; REQUIRING ANESTHESIA                      | \$142.80 |
|                | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT          | ψ2.00    |
|                | DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL      |          |
| 27832          | FIXATION, OR W   | \$142.80 |
|                | CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT         | Ţ. IZ.00 |
| 27840          | ANESTHESIA   | \$100.80 |
|                | CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING       | ψ.00.00  |
|                | ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL      |          |
| 27842          | FIXATION   | \$100.80 |
| 2,072          | 1 DUVITOR  | ψ100.00  |

| Procedure Code | Procedure Code Description                            | Rate        |
|----------------|---|-------------|
|                | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR          |             |
|                | WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT       |             |
| 27846          | REPAIR OR INTERNA                                     | \$285.60    |
|                | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR          |             |
|                | WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR   |             |
| 27848          | OR INTERNAL O   | \$285.60    |
|                | MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA        |             |
|                | (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION   |             |
| 27860          | APPARATUS)  | \$33.60     |
| 27870          | ARTHRODESIS, ANKLE, ANY METHOD                        | \$470.40    |
| 27871          | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL   | \$365.53    |
| 27880          | AMPUTATION LEG, THROUGH TIBIA AND FIBULA;             | \$344.40    |
|                | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH        |             |
|                | IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF  |             |
| 27881          | FIRST CAST  | \$344.40    |
|                | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN,       | •           |
| 27882          | CIRCULAR (GUILLOTINE)                                 | \$252.00    |
|                | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY   | ·           |
| 27884          | CLOSURE OR SCAR REVISION                              | \$168.00    |
|                | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-         |             |
| 27886          | AMPUTATION  | \$168.00    |
|                | AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND      |             |
|                | FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC |             |
| 27888          | CLOSURE   | \$344.40    |
| 27889          | ANKLE DISARTICULATION                                 | \$344.40    |
|                | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR        | φσιπισ      |
|                | LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF        |             |
| 27892          | NONVIABLE MUSCLE                                      | \$229.60    |
|                | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR              | *           |
|                | COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE    |             |
| 27893          | MUSCLE AND/OR NERV                                    | \$229.60    |
|                | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR        | <del></del> |
|                | LATERAL, AND POSTERIOR COMPARTMENT(S), WITH           |             |
| 27894          | DEBRIDEMENT OF NONV                                   | \$260.06    |
| 27899          | UNLISTED PROCEDURE, LEG OR ANKLE                      | \$0.00      |
| 279            | OTHER OPERATIONS ON MOUTH AND FACE                    | \$0.00      |
| 2791           | LABIAL FRENOTOMY                                      | \$0.00      |
| 2792           | INCISION OF MOUTH, UNSPECIFIED STRUCTURE              | \$0.00      |
| 2799           | OTHER OPERATIONS ON ORAL CAVITY                       | \$0.00      |
|                | INCISION AND DRAINAGE OF TONSIL AND PERITONSILLAR     | +0.00       |
| 280            | STRUCTURES  | \$0.00      |
| 28001          | INCISION AND DRAINAGE, INFECTED BURSA, FOOT           | \$33.60     |
|                | DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF   | Ψ00.00      |
|                | FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT;      |             |
| 28002          | SINGLE BU   | \$75.60     |
| 20002          | DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF   | Ψ13.00      |
|                | FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT;      |             |
| 28003          | MULTIPLE  | ¢150 60     |
| 20003          | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR  | \$159.60    |
| 20005          | OSTEOMYELITIS OR BONE ABSCESS), FOOT                  | ¢106.00     |
| 28005          | , .   | \$126.00    |
| 28008          | FASCIOTOMY, FOOT AND/OR TOE                           | \$126.00    |

| Procedure Code | Procedure Code Description                           | Rate     |
|----------------|--|----------|
| 28010          | TENOTOMY, SUBCUTANEOUS, TOE; SINGLE                  | \$25.20  |
| 28011          | TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE                | \$109.20 |
|                | ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL    |          |
|                | OF LOOSE OR FOREIGN BODY; INTERTARSAL OR             |          |
| 28020          | TARSOMETATARSAL JOI                                  | \$126.00 |
|                | ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL    |          |
|                | OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL        |          |
| 28022          | JOINT  | \$94.80  |
|                |  | ·        |
|                | ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL    |          |
| 28024          | OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT      | \$142.21 |
|                | TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE        | T        |
| 28035          | DECOMPRESSION)                                       | \$150.00 |
| 28043          | EXCISION, TUMOR, FOOT; SUBCUTANEOUS                  | \$97.20  |
|                | EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL,             | ψοο      |
| 28045          | INTRAMUSCULAR  | \$120.00 |
|                | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), | ψ.=σ.σσ  |
| 28046          | SOFT TISSUE OF FOOT                                  | \$300.00 |
|                | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR       | φοσσ.σσ  |
| 28050          | TARSOMETATARSAL JOINT                                | \$160.15 |
| 20000          | ARTHROTOMY FOR SYNOVIAL BIOPSY;                      | ψ100.10  |
| 28052          | METATARSOPHALANGEAL JOINT                            | \$76.51  |
| 20002          | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL      | Ψ7 0.0 1 |
| 28054          | JOINT  | \$75.19  |
| 28055          | NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT            | \$330.45 |
| 20033          | FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL     | ψ550.45  |
| 28060          | (SEPARATE PROCEDURE)                                 | \$126.00 |
| 20000          | FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL     | Ψ120.00  |
| 28062          | (SEPARATE PROCEDURE)                                 | \$126.00 |
| 20002          | SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT,   | Ψ120.00  |
| 28070          | EACH   | \$202.89 |
| 28072          | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH         | \$166.56 |
| 20072          | EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE,   | ψ100.00  |
| 28080          | EACH   | \$151.20 |
| 28086          | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR             | \$168.00 |
| 28088          | SYNOVECTOMY, TENDON SHEATH, FOOT, FEXTENSOR          | \$159.75 |
| 20000          | EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR    | ψ100.70  |
|                | CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION);  |          |
| 28090          | FOOT   | \$158.93 |
| 20000          | EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR    | ψ100.00  |
|                | CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION);  |          |
| 28092          | TOES   | \$84.00  |
| 281            | DIAGNOSTIC PROCEDURES ON TONSILS AND ADENOIDS        | \$0.00   |
| 201            | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,  | ψυ.υυ    |
| 28100          | TALUS OR CALCANEUS;                                  | \$142.80 |
| 20100          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,  | Ψ172.00  |
|                | TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT    |          |
| 28102          | (INCLUDE   | \$392.00 |
| 20102          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,  | ψυθΖ.00  |
| 28103          | TALUS OR CALCANEUS; WITH ALLOGRAFT                   | \$142.80 |
| 20103          | IALUS ON OALOANLUS, WITH ALLOGRAFT                   | φ142.00  |

| Procedure Code | Procedure Code Description                          | Rate        |
|----------------|---|-------------|
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, |             |
|                | TARSAL OR METATARSAL BONES, EXCEPT TALUS OR         |             |
| 28104          | CALCANEUS;  | \$142.80    |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, |             |
|                | TARSAL OR METATARSAL BONES, EXCEPT TALUS OR         |             |
| 28106          | CALCANEUS; WIT                                      | \$392.00    |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, |             |
|                | TARSAL OR METATARSAL BONES, EXCEPT TALUS OR         |             |
| 28107          | CALCANEUS; WIT                                      | \$142.80    |
|                | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, |             |
| 28108          | PHALANGES OF FOOT                                   | \$142.80    |
| 2811           | BIOPSY OF TONSILS AND ADENOIDS                      | \$0.00      |
|                | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD  |             |
| 28110          | (BUNIONETTE) (SEPARATE PROCEDURE)                   | \$142.80    |
|                |   |             |
| 28111          | OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD | \$142.80    |
|                | OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL      |             |
| 28112          | HEAD (SECOND, THIRD OR FOURTH)                      | \$142.80    |
|                |   |             |
| 28113          | OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD | \$142.80    |
|                | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, |             |
|                | WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING      |             |
| 28114          | FIRST METAT   | \$142.80    |
| 28116          | OSTECTOMY, EXCISION OF TARSAL COALITION             | \$142.80    |
| 28118          | OSTECTOMY, CALCANEUS;                               | \$142.80    |
|                | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT     |             |
| 28119          | PLANTAR FASCIAL RELEASE                             | \$142.80    |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,     |             |
|                | SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR  |             |
| 28120          | OSTEOMYELIT   | \$142.80    |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR  |             |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR    |             |
| 28122          | TARSAL BOS  | \$142.80    |
|                | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR  |             |
|                | DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR    |             |
| 28124          | DORSAL BOS  | \$142.80    |
| 28126          | CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH     | \$142.80    |
| 28130          | TALECTOMY (ASTRAGALECTOMY)                          | \$294.00    |
| 28140          | METATARSECTOMY                                      | \$168.00    |
| 28150          | PHALANGECTOMY OF TOE, SINGLE, EACH                  | \$142.80    |
| 28153          | RESECTION, HEAD OF PHALANX, TOE                     | \$142.80    |
| 00/00          | HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT          | <b>.</b>    |
| 28160          | EXCISION, TOE, SINGLE, EACH                         | \$142.80    |
| 00474          | RADICAL RESECTION FOR TUMOR; TARSAL (EXCEPT TALUS   | <b>4.00</b> |
| 28171          | OR CALCANEUS)                                       | \$168.00    |
| 28173          | RADICAL RESECTION FOR TUMOR; METATARSAL             | \$168.00    |
| 28175          | RADICAL RESECTION FOR TUMOR; PHALANX OF TOE         | \$241.69    |
| 2212           | OTHER DIAGNOSTIC PROCEDURES ON TONSILS AND          | <b></b>     |
| 2819           | ADENOIDS  | \$0.00      |
| 28190          | REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS         | \$25.20     |
| 28192          | REMOVAL OF FOREIGN BODY, FOOT; DEEP                 | \$33.60     |

| Procedure Code | Procedure Code Description                          | Rate           |
|----------------|---|----------------|
| 28193          | REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED          | \$117.60       |
| 282            | TONSILLECTOMY WITHOUT ADENOIDECTOMY                 | \$0.00         |
|                | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE;   |                |
|                | PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH      |                |
| 28200          | TENDON  | \$134.40       |
|                | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE;   |                |
|                | SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES    |                |
| 28202          | OBTAINING G   | \$210.00       |
|                | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; |                |
| 28208          | PRIMARY OR SECONDARY, EACH TENDON                   | \$134.40       |
|                | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; |                |
|                | SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES    |                |
| 28210          | OBTAINING   | \$168.00       |
| 28220          | TENOLYSIS, FLEXOR, FOOT; SINGLE                     | \$168.00       |
|                | TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME     |                |
| 28222          | INCISION)   | \$252.00       |
| 28225          | TENOLYSIS, EXTENSOR, FOOT; SINGLE                   | \$126.94       |
|                | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME   |                |
| 28226          | INCISION)   | \$168.84       |
|                | TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE    |                |
| 28230          | (SEPARATE PROCEDURE)                                | \$58.80        |
|                | TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE       |                |
| 28232          | PROCEDURE)  | \$58.80        |
| 28234          | TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE               | \$58.80        |
|                | ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH         |                |
|                | EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE   |                |
| 28238          | PROCEDURE)  | \$277.20       |
|                | TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR         |                |
| 28240          | HALLUCIS MUSCLE                                     | \$58.80        |
|                | DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER   |                |
| 28250          | STRIPPING") (SEPARATE PROCEDURE)                    | \$126.00       |
|                | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE |                |
| 28260          | PROCEDURE)  | \$126.00       |
| 28261          | CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING       | \$176.40       |
|                | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING          |                |
| 00000          | POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S)      | <b></b>        |
| 28262          | LENGTHENING AS FOR R                                | \$436.80       |
| 28264          | CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)      | \$210.00       |
|                | CAPSULOTOMY FOR CONTRACTURE;                        |                |
| 00070          | METATARSOPHALANGEAL JOINT, WITH OR WITHOUT          | <b>045045</b>  |
| 28270          | TENORRHAPHY, SINGLE, EACH JOINT (SEPAR              | \$156.45       |
| 00070          | CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL        | <b>#140.00</b> |
| 28272          | JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)      | \$140.00       |
| 20000          | WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES)     | <b>015000</b>  |
| 28280          | FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)             | \$156.66       |
| 00005          | HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL   | <b>0151.00</b> |
| 28285          | FUSION, FILLETING, PHALANGECTOMY)                   | \$151.20       |
| റററാട          | HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH     | ¢1E1 00        |
| 28286          | PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)    | \$151.20       |

| Procedure Code | Procedure Code Description                          | Rate     |
|----------------|---|----------|
|                | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY,    |          |
|                | SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH  |          |
| 28288          | METATARSAL  | \$151.20 |
|                | HALLUX RIGIDUN CORRECTION WITH CHEILECTOMY,         |          |
|                | DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST       |          |
| 28289          | METATARS  | \$211.35 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
|                | SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE     |          |
| 28290          | PROCEDURE)  | \$210.00 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
|                | SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE        |          |
| 28292          | PROCEDURE   | \$226.80 |
|                |   |          |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
| 28293          | SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT     | \$226.80 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
|                | SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN     |          |
| 28294          | TYPE PROCED   | \$226.80 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
|                | SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG,      |          |
| 28296          | MITCHELL, CH  | \$327.60 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
| 28297          | SESAMOIDECTOMY, LAPIDUS TYPE PROCEDURE              | \$344.40 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  | ·        |
| 28298          | SESAMOIDECTOMY; BY PHALANX OSTEOTOMY                | \$252.00 |
|                | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT  |          |
|                | SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE        |          |
| 28299          | OSTEOTOMY)  | \$327.60 |
| 283            | TONSILLECTOMY WITH ADENOIDECTOMY                    | \$0.00   |
|                | OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE        |          |
| 28300          | PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION       | \$126.00 |
| 28302          | OSTEOTOMY; TALUS                                    | \$126.00 |
|                | OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS    |          |
| 28304          | OR TALUS;   | \$126.00 |
|                | OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS    |          |
|                | OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) |          |
| 28305          | (FOWLER T   | \$252.00 |
|                | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH  |          |
|                | OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR   |          |
| 28306          | CORRECTIO   | \$126.00 |
|                | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH  |          |
|                | OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR   |          |
| 28307          | CORRECTIO   | \$126.00 |
|                | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH  |          |
|                | OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR   |          |
| 28308          | CORRECTIO   | \$126.00 |
|                | OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT    |          |
| 28309          | (SWANSON TYPE PROCEDURE)                            | \$126.00 |
|                | OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL     |          |
|                | CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE   |          |
| 28310          | PROCEDURE)  | \$142.80 |

| Procedure Code | Procedure Code Description  | Rate                                    |
|----------------|---|---|
|                | OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL                             |   |
| 28312          | CORRECTION; OTHER PHALANGES, ANY TOE  | \$142.80                                |
|                | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE                                    |   |
|                | (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT                       |   |
| 28313          | TISSUE PROCEDUR   | \$142.80                                |
| 28315          | SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)                              | \$142.80                                |
|                | REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG,                           |   |
| 28320          | CALCANEUS, TALUS)   | \$142.80                                |
|                | REPAIR OF NONUNION OR MALUNION; MÉTATARSAL, WITH OR                         |   |
| 28322          | WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)                               | \$144.35                                |
|                | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE                              | ·                                       |
| 28340          | RESECTION   | \$288.13                                |
|                | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE                           |   |
| 28341          | RESECTION   | \$344.07                                |
| 28344          | RECONSTRUCTION, TOE(S); POLYDACTYLY   | \$170.49                                |
|                | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT                         | *************************************** |
| 28345          | SKIN GRAFT(S), EACH WEB   | \$233.57                                |
| 28360          | RECONSTRUCTION, CLEFT FOOT  | \$543.86                                |
| 284            | EXCISION OF TONSIL TAG  | \$0.00                                  |
|                | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT                             | φοισσ                                   |
| 28400          | MANIPULATION MANIPULATION   | \$84.00                                 |
| 20400          | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH                                | ψ04.00                                  |
| 28405          | MANIPULATION MANIPULATION   | \$168.00                                |
| 20403          | PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL                                 | φ100.00                                 |
| 28406          | FRACTURE, WITH MANIPULATION   | \$252.00                                |
| 20400          | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR                               | φ232.00                                 |
| 28415          | WITHOUT INTERNAL OR EXTERNAL FIXATION;                                      | \$336.00                                |
| 20413          | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR                               | φ330.00                                 |
|                | WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY                         |   |
| 28420          | ILIAC OR OTH  | \$378.00                                |
| 20420          | CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT                                 | φ376.00                                 |
| 20420          | MANIPULATION  | <b>#04.00</b>                           |
| 28430          |   | \$84.00                                 |
| 20425          | CLOSED TREATMENT OF TALUS FRACTURE; WITH                                    | ¢155 71                                 |
| 28435          | MANIPULATION  DEDCLITANEOUS SKELETAL EIVATION OF TALLIS EDACTURE            | \$155.71                                |
| 20426          | PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION         | <b>#100.00</b>                          |
| 28436          | OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT                           | \$192.98                                |
| 2011           | I • • • • • • • • • • • • • • • • • • •                                     | <b>ቀ</b> ንባር ባባ                         |
| 28445          | INTERNAL OR EXTERNAL FIXATION OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES | \$336.00                                |
| 20446          | · ' '   | ተርባር ርባ                                 |
| 28446          | OBTAINING GRAFT(S))   | \$625.60                                |
| 00450          | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS                             | ΦΕΟ 40                                  |
| 28450          | AND CALCANEUS); WITHOUT MANIPULATION, EACH                                  | \$50.40                                 |
| 00455          | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS                             | <b>#101.00</b>                          |
| 28455          | AND CALCANEUS); WITH MANIPULATION, EACH                                     | \$121.36                                |
|                | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE                               |   |
| 00.450         | FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH                                 | <b>4.40.00</b>                          |
| 28456          | MANIPULATION, EACH  | \$140.00                                |
|                | OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT                              |   |
| 00.10=         | TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR                           | <b></b>                                 |
| 28465          | EXTERNAL FIXA   | \$269.15                                |

| Procedure Code | Procedure Code Description   | Rate               |
|----------------|--|--------------------|
|                | CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT   |                    |
| 28470          | MANIPULATION, EACH   | \$42.00            |
|                | CLOSED TREATMENT OF METATARSAL FRACTURE; WITH  |                    |
| 28475          | MANIPULATION, EACH   | \$84.00            |
|                | PERCUTANEOUS SKELETAL FIXATION OF METATARSAL   |                    |
| 28476          | FRACTURE, WITH MANIPULATION, EACH  | \$145.10           |
| 00.405         | OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR   | <b>4040.00</b>     |
| 28485          | WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR | \$210.00           |
| 28490          | PHALANGES; WITHOUT MANIPULATION  | \$33.60            |
| 20490          | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR   | φ33.00             |
| 28495          | PHALANGES; WITH MANIPULATION   | \$33.60            |
| 20430          | TTINE/WGEO, WITH WINNING GENTION   | ψ00.00             |
|                | PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT   |                    |
| 28496          | TOE, PHALANX OR PHALANGES, WITH MANIPULATION   | \$67.20            |
| 285            | EXCISION OF LINGUAL TONSIL   | \$0.00             |
|                | OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR   | <u> </u>           |
|                | PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL  |                    |
| 28505          | FIXATION   | \$100.80           |
|                | CLOSED TREATMENT OF FRACTURE, PHALANX OR   |                    |
|                | PHALANGES, OTHER THAN GREAT TOE; WITHOUT   |                    |
| 28510          | MANIPULATION, EACH   | \$33.60            |
|                | CLOSED TREATMENT OF FRACTURE, PHALANX OR   |                    |
|                | PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION,  |                    |
| 28515          | EACH   | \$42.00            |
|                | OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES,  |                    |
| 00505          | OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR  | <b>0440.50</b>     |
| 28525          | EXTERNAL F   | \$113.52           |
| 28530          | CLOSED TREATMENT OF SESAMOID FRACTURE OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR             | \$43.96            |
| 28531          | WITHOUT INTERNAL FIXATION  | \$48.00            |
| 20001          | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER   | φ46.00             |
| 28540          | THAN TALOTARSAL; WITHOUT ANESTHESIA  | \$56.00            |
| 20040          | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER   | Ψ00.00             |
| 28545          | THAN TALOTARSAL; REQUIRING ANESTHESIA  | \$76.37            |
|                | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE  | Ψ. σ.σ.            |
|                | DISLOCATION, OTHER THAN TALOTARSAL, WITH   |                    |
| 28546          | MANIPULATION   | \$126.00           |
|                | OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR   |                    |
| 28555          | WITHOUT INTERNAL OR EXTERNAL FIXATION  | \$210.00           |
|                | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION;  |                    |
| 28570          | WITHOUT ANESTHESIA   | \$72.80            |
|                | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION;  | <b>.</b>           |
| 28575          | REQUIRING ANESTHESIA   | \$109.20           |
| 00570          | PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT   | <b>04.44.00</b>    |
| 28576          | DISLOCATION, WITH MANIPULATION   | \$144.89           |
| 28585          | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION,  | <b>ቀ</b> ንደብ ላላ    |
| 286            | WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION ADENOIDECTOMY WITHOUT TONSILLECTOMY              | \$252.00<br>\$0.00 |
| 200            | CLOSED TREATMENT OF TARSOMETATARSAL JOINT  | φυ.υυ              |
| 28600          | DISLOCATION; WITHOUT ANESTHESIA  | \$53.25            |
| 20000          | DIOLOGATION, WITHOUT ANEOTHEOIA  | ψυυ.Δυ             |

| Procedure Code | Procedure Code Description                          | Rate         |
|----------------|---|--------------|
|                | CLOSED TREATMENT OF TARSOMETATARSAL JOINT           |              |
| 28605          | DISLOCATION; REQUIRING ANESTHESIA                   | \$67.20      |
|                |   |              |
|                | PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL   |              |
| 28606          | JOINT DISLOCATION, WITH MANIPULATION                | \$84.00      |
|                | OPEN TREATMENT OF TARSOMETATARSAL JOINT             |              |
|                | DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL   |              |
| 28615          | FIXATION  | \$168.00     |
|                | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT       |              |
| 28630          | DISLOCATION; WITHOUT ANESTHESIA                     | \$58.62      |
|                | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT       |              |
| 28635          | DISLOCATION; REQUIRING ANESTHESIA                   | \$67.20      |
|                | PERCUTANEOUS SKELETAL FIXATION OF                   |              |
|                | METATARSOPHALANGEAL JOINT DISLOCATION, WITH         |              |
| 28636          | MANIPULATION  | \$117.44     |
|                | OPEN TREATMENT OF METATARSOPHALANGEAL JOINT         |              |
|                | DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL   |              |
| 28645          | FIXATION  | \$158.52     |
|                | CLOSED TREATMENT OF INTERPHALANGEAL JOINT           |              |
| 28660          | DISLOCATION; WITHOUT ANESTHESIA                     | \$25.20      |
|                | CLOSED TREATMENT OF INTERPHALANGEAL JOINT           |              |
| 28665          | DISLOCATION; REQUIRING ANESTHESIA                   | \$25.20      |
|                |   |              |
|                | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL   |              |
| 28666          | JOINT DISLOCATION, WITH MANIPULATION                | \$67.20      |
|                | OPEN TREATMENT OF INTERPHALANGEAL JOINT             |              |
|                | DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL   |              |
| 28675          | FIXATION  | \$126.00     |
|                | CONTROL OF HEMORRHAGE AFTER TONSILLECTOMY AND       |              |
| 287            | ADENOIDECTOMY                                       | \$0.00       |
| 28705          | PANTALAR ARTHRODESIS                                | \$370.81     |
| 28715          | TRIPLE ARTHRODESIS                                  | \$436.80     |
| 28725          | SUBTALAR ARTHRODESIS                                | \$436.80     |
|                | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL,          |              |
| 28730          | MULTIPLE OR TRANSVERSE;                             | \$252.00     |
|                | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL,          | -            |
|                | MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR       |              |
| 28735          | FLATFOOT CORRECTION                                 | \$436.80     |
|                | ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH    | -            |
|                | TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE     |              |
| 28737          | PROCEDURE)  | \$394.22     |
|                | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE   | ·            |
| 28740          | JOINT   | \$252.00     |
|                |   | <del>+</del> |
| 28750          | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT   | \$210.00     |
| 28755          | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT       | \$180.39     |
|                | ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH | ψσσ.σσ       |
|                | EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST          |              |
| 28760          | METATARSAL NECK                                     | \$210.00     |
| 20,00          | AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE           | Ψ=10.00      |
| 28800          | PROCEDURE)  | \$252.00     |
|                | i ilooldoill  | ΨΔυΔ.υυ      |

| Procedure Code | Procedure Code Description                            | Rate     |
|----------------|---|----------|
| 28805          | AMPUTATION, FOOT; TRANSMETATARSAL                     | \$252.00 |
| 28810          | AMPUTATION, METATARSAL, WITH TOE, SINGLE              | \$142.80 |
| 28820          | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT            | \$84.00  |
| 28825          | AMPUTATION, TOE; INTERPHALANGEAL JOINT                | \$84.00  |
|                | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY,               |          |
|                | PERFORMED BY A PHYSICIAN, REQUIRING ANETHESIA OTHER   |          |
| 28890          | THAN LOCAL  | \$194.84 |
| 28899          | UNLISTED PROCEDURE, FOOT OR TOES                      | \$0.00   |
| 289            | OTHER OPERATIONS ON TONSILS AND ADENOIDS              | \$0.00   |
|                | REMOVAL OF FOREIGN BODY FROM TONSIL AND ADENOID BY    |          |
| 2891           | INCISION  | \$0.00   |
| 2892           | EXCISION OF LESION OF TONSIL AND ADENOID              | \$0.00   |
| 2899           | OTHER   | \$0.00   |
| 290            | PHARYNGOTOMY  | \$0.00   |
|                | APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663   |          |
| 29000          | FOR INSERTION)  | \$89.99  |
| 29010          | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY   | \$117.60 |
|                | APPLICATION OF RISSER JACKET, LOCALIZER, BODY;        |          |
| 29015          | INCLUDING HEAD  | \$117.60 |
| 29020          | APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY          | \$117.60 |
|                | APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING     |          |
| 29025          | HEAD  | \$117.60 |
| 29035          | APPLICATION OF BODY CAST, SHOULDER TO HIPS;           | \$83.80  |
|                | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING | ·        |
| 29040          | HEAD, MINERVA TYPE                                    | \$94.53  |
|                | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING |          |
| 29044          | ONE THIGH   | \$94.53  |
|                | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING |          |
| 29046          | BOTH THIGHS   | \$103.82 |
| 29049          | APPLICATION; PLASTER FIGURE-OF-EIGHT                  | \$78.40  |
| 29055          | APPLICATION; SHOULDER SPICA                           | \$58.80  |
| 29058          | APPLICATION; PLASTER VELPEAU                          | \$43.14  |
| 29065          | APPLICATION; SHOULDER TO HAND (LONG ARM)              | \$23.60  |
| 29075          | APPLICATION; ELBOW TO FINGER (SHORT ARM)              | \$30.96  |
| 29085          | APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)        | \$30.55  |
| 29086          | APPLICATION, CAST; FINGER (EG, CONTRACTURE)           | \$30.96  |
| 291            | DIAGNOSTIC PROCEDURES ON PHARYNX                      | \$0.00   |
| 29105          | APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)     | \$30.55  |
| 2911           | PHARYNGOSCOPY   | \$0.00   |
| 2912           | PHARYNGEAL BIOPSY                                     | \$0.00   |
|                | APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);    |          |
| 29125          | STATIC  | \$22.40  |
|                | APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);    |          |
| 29126          | DYNAMIC   | \$25.80  |
| 29130          | APPLICATION OF FINGER SPLINT; STATIC                  | \$16.80  |
| 29131          | APPLICATION OF FINGER SPLINT; DYNAMIC                 | \$21.05  |
| 2919           | OTHER DIAGNOSTIC PROCEDURES ON PHARYNX                | \$0.00   |
| 292            | EXCISION OF BRANCHIAL CLEFT CYST OR VESTIGE           | \$0.00   |
| 29200          | STRAPPING; THORAX                                     | \$24.18  |
| 29220          | STRAPPING; LOW BACK                                   | \$27.92  |
| 29240          | STRAPPING; SHOULDER (EG, VELPEAU)                     | \$26.29  |

| Procedure Code | Procedure Code Description                            | Rate    |
|----------------|---|---------|
| 29260          | STRAPPING; ELBOW OR WRIST                             | \$21.14 |
| 29280          | STRAPPING; HAND OR FINGER                             | \$19.41 |
|                | EXCISION OR DESTRUCTION OF LESION OR TISSUE OF        |         |
| 293            | PHARYNX   | \$0.00  |
| 29305          | APPLICATION OF HIP SPICA CAST; ONE LEG                | \$87.72 |
| 2931           | CRICOPHARYNGEAL MYOTOMY                               | \$0.00  |
|                | APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA |         |
| 29325          | OR BOTH LEGS  | \$94.94 |
| 2933           | PHARYNGECTOMY (PARTIAL)                               | \$0.00  |
| 29345          | APPLICATION OF LONG LEG CAST (THIGH TO TOES);         | \$53.87 |
|                | APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER  |         |
| 29355          | OR AMBULATORY TYPE                                    | \$58.20 |
| 29358          | APPLICATION OF LONG LEG CAST BRACE                    | \$84.00 |
| 29365          | APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)         | \$33.60 |
|                | OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF  |         |
| 2939           | PHARYNX   | \$0.00  |
| 294            | PLASTIC OPERATION ON PHARYNX                          | \$0.00  |
|                |   |         |
| 29405          | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);   | \$23.92 |
|                | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);   |         |
| 29425          | WALKING OR AMBULATORY TYPE                            | \$43.96 |
| 29435          | APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST     | \$52.84 |
| 29440          | ADDING WALKER TO PREVIOUSLY APPLIED CAST              | \$56.00 |
| 29445          | APPLICATION OF RIGID TOTAL CONTACT LEG CAST           | \$77.61 |
|                | APPLICATION OF CLUBFOOT CAST WITH MOLDING OR          |         |
| 29450          | MANIPULATION, LONG OR SHORT LEG                       | \$33.60 |
| 295            | OTHER REPAIR OF PHARYNX                               | \$0.00  |
|                | APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR     |         |
| 29505          | TOES)   | \$28.07 |
| 2951           | SUTURE OF LACERATION OF PHARYNX                       | \$0.00  |
| 29515          | APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)        | \$25.20 |
| 2952           | CLOSURE OF BRANCHIAL CLEFT FISTULA                    | \$0.00  |
| 29520          | STRAPPING; HIP  | \$19.61 |
| 2953           | CLOSURE OF OTHER FISTULA OF PHARYNX                   | \$0.00  |
| 29530          | STRAPPING; KNEE                                       | \$20.43 |
| 2954           | LYSIS OF PHARYNGEAL ADHESIONS                         | \$0.00  |
| 29540          | STRAPPING; ANKLE                                      | \$17.54 |
| 29550          | STRAPPING; TOES                                       | \$16.80 |
| 29580          | STRAPPING; UNNA BOOT                                  | \$19.40 |
| 2959           | REPAIR OF PHARYNX, OTHER                              | \$0.00  |
| 29590          | DENIS-BROWNE SPLINT STRAPPING                         | \$22.50 |
|                |   |         |
| 29700          | REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST     | \$25.20 |
| 29705          | REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST       | \$25.20 |
|                | REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, |         |
| 29710          | OR RISSER JACKET, ETC.                                | \$25.20 |
| 29715          | REMOVAL OR BIVALVING; TURNBUCKLE JACKET               | \$25.20 |
| 29720          | REPAIR OF SPICA, BODY CAST OR JACKET                  | \$20.02 |
| 29730          | WINDOWING OF CAST                                     | \$22.08 |
| 29740          | WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)               | \$25.20 |
| 29750          | WEDGING OF CLUBFOOT CAST                              | \$25.20 |

| Procedure Code | Procedure Code Description                                  | Rate           |
|----------------|---|----------------|
|                | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC,           |                |
|                | WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE                   |                |
| 29800          | PROCEDURE)  | \$204.34       |
| 29804          | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL              | \$240.20       |
|                | ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT          | 4005.05        |
| 29805          | SYNOVIAL BIOPSY (SEPERATE PROCEDURE)                        | \$205.37       |
| 29806          | ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY             | \$571.93       |
|                | ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP             |                |
| 29807          | LESION  | \$556.66       |
| 00040          | ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF            | <b>#</b>       |
| 29819          | LOOSE BODY OR FOREIGN BODY                                  | \$294.00       |
| 29820          | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL       | \$294.00       |
|                | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY,               |                |
| 29821          | COMPLETE  | \$294.00       |
|                | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT,               |                |
| 29822          | LIMITED   | \$294.00       |
| 00000          | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT,               | <b>#004.00</b> |
| 29823          | EXTENSIVE ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL           | \$294.00       |
| 29824          | CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE           | \$348.61       |
| 23024          | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND             | φ340.0 I       |
|                | RESECTION OF ADHESIONS, WITH OR WITHOUT                     |                |
| 29825          | MANIPULATION  | \$294.00       |
| 23020          | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF           | Ψ254.00        |
|                | SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH          |                |
| 29826          | OR WITHOU   | \$294.00       |
|                | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF          | *              |
| 29827          | REPAIR  | \$593.81       |
|                |   |                |
| 29828          | ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS           | \$481.94       |
|                | ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT             |                |
| 29830          | SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                        | \$245.00       |
|                | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF               |                |
| 29834          | LOOSE BODY OR FOREIGN BODY                                  | \$268.80       |
| 29835          | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL          | \$268.80       |
|                | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY,                  |                |
| 29836          | COMPLETE  | \$268.80       |
|                | ARTURAGORY FURNISHED AND AND AND AND AND AND AND AND AND AN | **             |
| 29837          | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED          | \$268.80       |
| 29838          | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE        | \$268.80       |
|                | ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT             | <del>+</del>   |
| 29840          | SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                        | \$192.78       |
|                | ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE         | , -            |
| 29843          | AND DRAINAGE  | \$257.17       |
|                |   |                |
| 29844          | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL          | \$265.22       |

| Procedure Code | Procedure Code Description                           | Rate     |
|----------------|--|----------|
|                | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY,           |          |
| 29845          | COMPLETE   | \$268.80 |
|                | ARTHROGORY WRIGT OUROLON, EVOICION OF TRIANGULAR     |          |
| 22242          | ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR | 4000.00  |
| 29846          | FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT              | \$268.80 |
|                | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR  |          |
| 29847          | FRACTURE OR INSTABILITY                              | \$268.80 |
|                | ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF        |          |
| 29848          | TRANSVERSE CARPAL LIGAMENT                           | \$179.20 |
|                | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR    |          |
|                | SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE,  |          |
| 29850          | WITH OR  | \$336.00 |
|                | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR    |          |
|                | SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE,  |          |
| 29851          | WITH OR  | \$336.00 |
|                | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL           |          |
|                | FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR   |          |
| 29855          | WITHOUT INTERNAL                                     | \$336.00 |
|                | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL           |          |
|                | FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR    |          |
| 29856          | WITHOUT INTERNAL                                     | \$336.00 |
|                | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT         |          |
| 29860          | SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                 | \$281.74 |
|                | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE    |          |
| 29861          | BODY OR FOREIGN BODY                                 | \$418.17 |
|                | ARTHROSCOPY, HIP, SURGICAL; WITH                     |          |
|                | DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE           |          |
| 29862          | (CHONDROPLASTY), ABRASION ARTHROPL                   | \$460.07 |
| 29863          | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVESTOMY         | \$420.02 |
|                | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL           |          |
|                | AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING |          |
| 29866          | OF THE   | \$569.87 |
|                | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL           |          |
| 29867          | ALLOGRAFT (EG, MOSAICPLASTY)                         | \$680.71 |
|                | ARTHROSCOPY, KNEE, SURGICAL; MENISCAL                |          |
|                | TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL    |          |
| 29868          | INSERTION)   | \$922.81 |
|                | ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT       |          |
| 29870          | SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                 | \$224.00 |
|                | ARTHROSCOPY, KNEE, SURGICAL, FOR INFECTION, LAVAGE   |          |
| 29871          | AND DRAINAGE   | \$292.06 |
| 29873          | ARTHOSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE     | \$274.31 |
|                | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE    | •        |
|                | BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS  |          |
| 29874          | FRAGMENT   | \$336.00 |
|                |  |          |
|                | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED    |          |
| 29875          | (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)  | \$336.00 |
|                |  |          |
|                | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR,     |          |
| 29876          | TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)     | \$336.00 |

| Procedure Code | Procedure Code Description  | Rate         |
|----------------|---|--------------|
|                |   |              |
| 00077          | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF   | Ф000 00      |
| 29877          | ARTICULAR CARTILAGE (CHONDROPLASTY)  ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY                 | \$336.00     |
| 29879          | (INCLUDES CHONDROPLASTY   | \$336.00     |
| 29079          | (INCLUDES CHONDITOLEAST)  | φ330.00      |
|                | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY  |              |
| 29880          | (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)  | \$336.00     |
|                | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY  | -            |
| 29881          | (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)  | \$336.00     |
|                | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR   |              |
| 29882          | (MEDIAL OR LATERAL)   | \$336.00     |
|                | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR   |              |
| 29883          | (MEDIAL AND LATERAL)  | \$336.00     |
|                | ADTUDOSCODY KNIEE CUDOICAL, WITH LIVER OF ADUESIONS   |              |
| 29884          | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE) | \$336.00     |
| 23004          | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR   | φ330.00      |
|                | OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH  |              |
| 29885          | OR WITHOUT INTERN   | \$336.00     |
|                | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT  | φοσοίσο      |
| 29886          | OSTEOCHONDRITIS DISSECANS LESION  | \$313.11     |
|                | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT  | •            |
|                | OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL  |              |
| 29887          | FIXATION  | \$336.00     |
|                | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT   |              |
| 29888          | REPAIR/AUGMENTATION OR RECONSTRUCTION   | \$336.00     |
|                | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT  |              |
| 29889          | REPAIR/AUGMENTATION OR RECONSTRUCTION   | \$336.00     |
|                | ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR   |              |
| 29891          | OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA,<br>INCLUDING  | <u> </u>     |
| 29091          | ARTHROSCOPICALLY AIDED REPAIR OF LARGE  | \$392.78     |
|                | OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME  |              |
| 29892          | FRACTURE, OR TIBIAL PLAFON  | \$405.16     |
| 29893          | ENDOSCOPIC PLANTAR FASCIOTOMY   | \$224.56     |
|                | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR  | <del>,</del> |
|                | JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR  |              |
| 29894          | FOREIGN BODY  | \$268.80     |
|                | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR  |              |
| 29895          | JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL   | \$268.80     |
|                | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR  |              |
| 29897          | JOINTS), SURGICAL; DEBRIDEMENT, LIMITED   | \$268.80     |
| 20000          | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR  | ተባርር ባር      |
| 29898          | JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR                | \$268.80     |
| 29899          | JOINTS),SURGICAL; WITH ANKLE ARTHRODESIS  | \$545.72     |
| 29899          | OTHER OPERATIONS ON PHARYNX   | \$0.00       |
| 255            | ARTHROSCOPY, METACARPOPHALANGEAL JOINT,   | ψυ.υυ        |
| 29900          | DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY   | \$247.47     |
|                | 2   | Ψ= 11.71     |

| Procedure Code | Procedure Code Description                          | Rate     |
|----------------|---|----------|
|                | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL;   |          |
| 29901          | WITH DEBRIDEMENT                                    | \$272.86 |
|                | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL;   |          |
|                | WITH REDUCTION OF DISPLACED ULNAR COLLATERAL        |          |
| 29902          | LIGAMENT  | \$292.88 |
|                | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL |          |
| 29904          | OF LOOSE BODY OR FOREIGN BODY                       | \$322.81 |
|                | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH         |          |
| 29905          | SYNOVECTOMY   | \$347.58 |
|                | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH         |          |
| 29906          | DEBRIDEMENT   | \$366.15 |
|                | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH         |          |
| 29907          | SUBTALAR ARTHRODESIS                                | \$449.33 |
| 2991           | DILATION OF PHARYNX                                 | \$0.00   |
| 2992           | DIVISION OF GLOSSOPHARYNGEAL NERVE                  | \$0.00   |
| 2999           | OTHER   | \$0.00   |
| 29999          | UNLISTED PROCEDURE, ARTHROSCOPY                     | \$0.00   |